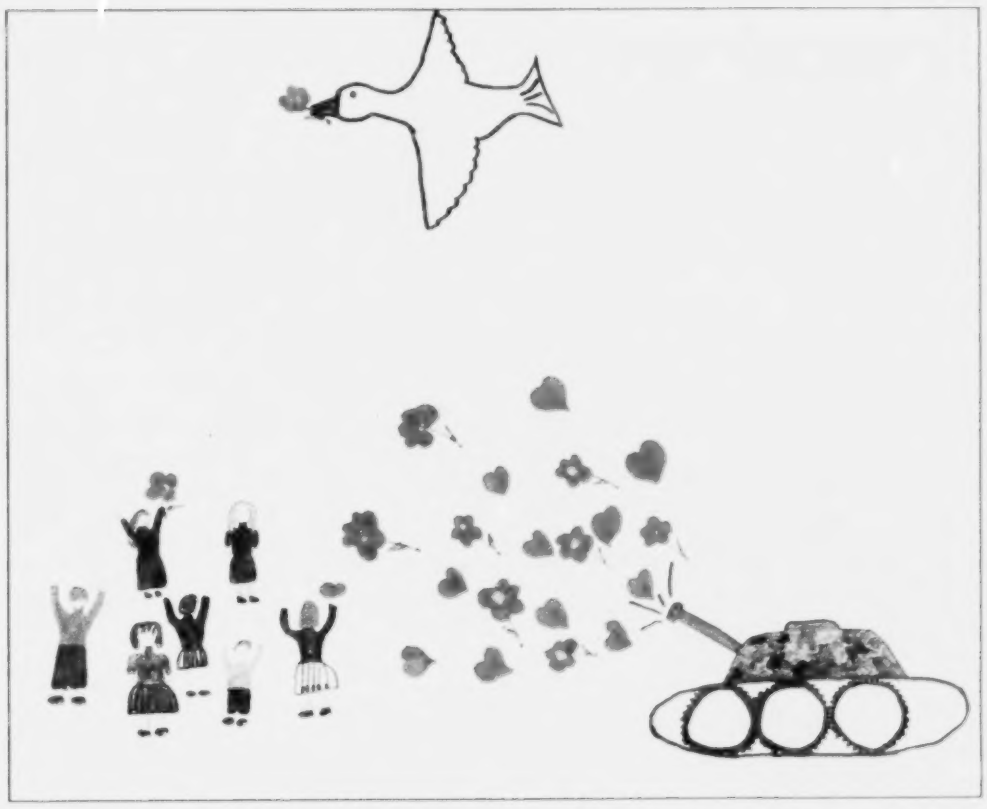
First Call for Children

"The essential needs of children should be given priority in bad times as well as good" — *Plan of Action, World Summit for Children*

I dream of peace



Cover illustration from a new UNICEF book — *I dream of peace* — a drawing by Nikoleta, age 10.

All over the world, the ground is shifting. Political systems are collapsing, economies are in transition and communities are searching for solid ground.

Three major conferences to be held in the next 18 months — the International Conference on Population and Development, the World Summit for Social Development and the Fourth World Conference on Women — will address some of the world's uncertainties and help create solutions. For the world's children, they represent a great opportunity, since children have the most to gain from the broad, long-term development issues these conferences will address.

In this issue, UNICEF Executive Director James P. Grant explains why the themes of the conferences demand a focus on children and demonstrates how meeting the basic needs of children is the best investment a society can make.

We dedicate our centre spread to children trapped in the horrors of war and look at the ways in which they are courageously coping. On these pages, we share with you some of the drawings and writings of the children in former Yugoslavia from the publication *I dream of peace*, and strategies to heal trauma and programmes that are working.

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United Nations Children's Fund

First Call for Children

'The essential needs of children should be given priority in bad times as well as good' — *Plan of Action, World Summit for Children*

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Upcoming world conferences offer chance to strengthen link between children and development

The world has the capacity to substantially improve children's lives, but one reason this has not happened is the continuing lack of recognition that investment in children results in gains for all of society. "Too often, still, people think that making children a priority is a humanitarian issue," said UNICEF Executive Director James P. Grant in a recent interview. "But when you educate children, make them healthy, you are laying the foundation for a vibrant economic future for the nation."

Mr. Grant stressed the need to focus on children's issues as three major world conferences — on population, women's advancement and social development — convene over the next year and a half.

Mr. Grant called changes in people's perceptions about human needs and rights in the last 50 years "the most fundamental revolution in recorded history," one fuelled by unprecedented increases in the world's productive capacity. It is, therefore, now possible, he said, to meet the basic requirements of all in health, education and nutrition.

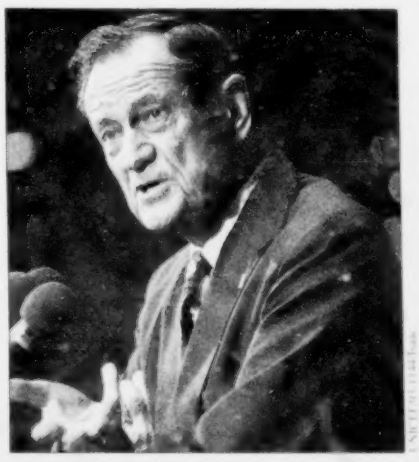
"Fifty years ago the role of the individual was to serve the State or the empire. Now, however, it is increasingly accepted that the State's primary purpose is to serve the individual, to make individual freedoms possible, freedom of speech and freedom from want. Revolutions in industry and production have made it possible to think about bringing the benefits of progress to everybody, as part of the global democratic revolution," he said.

Children's progress is the best and most important indicator of how successful the revolution will ultimately be, because better health and educational opportunities for children have far-reaching implications on the whole spectrum of development issues. "They will also have a significant impact on the political prospects of the new democracies all over the world. If those countries can't produce results for those at the bottom half of their societies, their political survival is questionable," he said.

"And in a world where we now talk about gross domestic product of tens of trillions of dollars, to have people deprived of basic education, health care and minimal amounts of food is increasingly obscene. Morality must change with capacity."

Building alliances

The connection between improvements in children's lives and other development issues is being made with greater frequency and conviction since the ground-breaking World Summit for Children in September 1990, which made powerful new friends for children and gave their issues a status they had lacked. The plans of action of both the UN Conference on Environment and Development (Rio, 1992) and the World Conference on Human Rights (Vienna, 1993) included a number of children's concerns.



UNICEF Executive Director James P. Grant: Improving children's lives is key to all development.

The connection, however, remains peripheral to many and highlighting it will be a primary focus for UNICEF in preparing for the upcoming meetings.

"We would like those working on issues such as population, social development and women to recognize that they must support progress for children if their goals are going to be achieved," Mr. Grant said.

"We have argued in the *State of the World's Children 1994* report, for example, that if the World Summit for Children goals are achieved, it would make a monumental contribution to easing the population crisis.

"Yet no demographer's projections factor in the effect of achieving the goals. They all project that child death rates and education levels will be far below the Summit goals by the year 2000 or even the year 2010.

"When people think of population, overwhelmingly they think of contraceptives, and most family planning programmes treat contraceptive use as the indicator. They do not factor in what's happening to education, to child survival, to maternal mortality," he said.

The three conferences offer a practical way of bringing issues such as education and child survival to the centre. Working partnerships, Mr. Grant contends, are the key.

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Cracking down on child pornography

The production and distribution of child pornography are illegal in many countries, although the possession of such material is not uniformly prohibited. Now, as the exploitation of children through sex tourism and child prostitution is drawing greater attention, governments are recognizing that one way to crack down on the entire international industry is to make the possession of child pornography a crime.

By Alexia Lewnes

Charlie, a 39-year-old pornographer, interviewed in *The Sexual Trafficking of Children: An Investigation of the Child Sex Trade*, describes how easy it can be to make money selling child pornography. "The nicest thing about the business is that the prices never go down; if anything, they go up if the heat is on.... Keeping on the move helps, so does paying off the parents when I need to. And the nicest thing of all is that I always get lots of customers."

What is profit to Charlie and others like him — this highly lucrative business is estimated to rake in tens of millions of dollars a year worldwide — is a sordid web for the child victims, with loosely spun threads entangling children in prostitution and sex tourism.

Child pornography, like all sexual abuse, inflicts deep wounds that can be difficult to heal. It is also a permanent record of that abuse — a commodity traded, sold, kept and viewed. "Child pornography is a recurrent form of abuse and exploitation," says Florence Bruce, Director of Programmes at the International Catholic Child Bureau (ICCB). "Such abused children grow up knowing that the evidence of their abuse will circulate for years into the future."

In October 1993, representatives from Denmark, Finland, Norway and Sweden participated in a seminar in Stockholm on sexual exploitation of children, jointly hosted by the Swedish Committee for UNICEF and Rädda Barnen (Swedish Save the Children). Members of Parliament and representatives of the Ministries of Justice, Social

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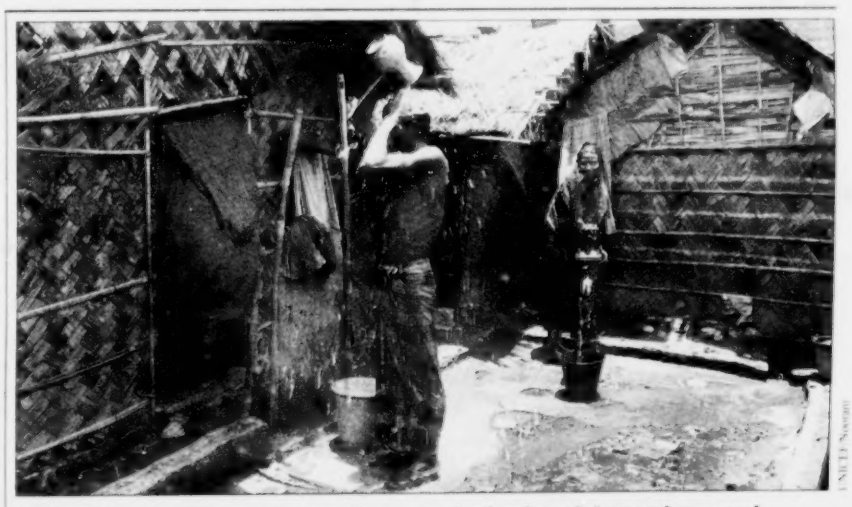

In Bangladesh, overcrowding and poor sanitation breed despondency and disease.

Improvements lift depression and better slum dwellers' lives

Dirt, say those confined by poverty in the slums of Bangladesh, is the most oppressive problem.

Mud is often knee-deep during the rainy season; raw sewage trickles into the streets and collects in stagnant pools in low-lying areas. Garbage lies uncollected, attracting flies and spreading disease. More than 23 million people live in the country's urban areas, 30 per cent of them in slums where conditions like these are common.

In the Rupsha slum, situated in a marshy area of Dhaka, the 9,000 residents lived for years in precarious houses propped on bamboo stilts and connected by rickety bamboo bridges. Even during the dry season, black stagnant water, filled with floating refuse, made the earth below a fetid swamp.

Because of the marshy soil conditions, tube-wells and latrines could not be sunk, and because the Slum Improvement Project (SIP) had no budget for earth-moving or landfilling, progress seemed impossible in Rupsha.

In less than two years, however, the area was transformed beyond recognition, with footpaths finished, latrines dug and tube-wells sunk, drains installed and dustbins positioned.

Credit goes to the determined resi-

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READEX FICHE

Children and development

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"I see these three conferences presenting invaluable opportunities for UNICEF to strengthen its grand alliance for children. It is indispensable for our ultimate success that the great majority of advocates for women, for population stabilization and for social justice forge an alliance with the children's forces.

"One major challenge in this area is that, unlike women's groups in the developing world, women's groups in the industrialized countries don't see the need to press for children's progress because their focus is on equity and access issues."

"It is indispensable for our success that the majority of advocates for women, for population stabilization and for social justice forge an alliance with the children's forces."

UNICEF's life-cycle perspective on women, however, offers ways of understanding and correcting the causes as well as the effects of women's situation. "Over two thirds of illiterates today are women," Mr. Grant continued, "and if you look at primary school attendance you'll see the reason, with two or three boys completing the education cycle for every girl.

"So education for girls is essential and there are two commitments that can get us there. One is that primary schools need to be restructured to take into account the special needs of the girl child, the work she does at home and the reluctance of families to let girls attend school. And the other is to make sure that at least 80 per cent of all children get a primary education, because the biggest beneficiaries by far will be girls."

Poverty, resources and debt

Poverty — one of the focuses of the World Summit for Social Development — can be eliminated by investing in the education, health and nutrition of young people, Mr. Grant said. The remarkable progress of the newly industrialized countries of East Asia, he pointed out, was directly linked to such investments in children.

"We can best reduce poverty by seeing to it that children get an education, which can help them get and hold a job. Health is essential because a healthy worker is more effective on the job. And water and sanitation programmes save time, especially for women, and with that time they can improve their income-earning capacity," he said.

Progress in these areas is most difficult currently for sub-Saharan Africa, Mr. Grant said, because of its severe debt problem, which drains much needed resources from education and health services. "We must take urgent and extraordinary measures and increase external aid to help the region move ahead on the social front."

Many other countries, however, do not have to wait for external resources for their development needs, but can start by restructuring their priorities using the 20/20 strategy, he noted.

"On average, developing countries today spend only a little over 10 per cent of their resources on priority human needs. Doubling it to 20 per cent would make a significant difference. And if 20 per cent of official development assistance (ODA) also went to support primary health care and primary education, we would really be meeting priority human needs."

NEWS BRIEFS

Tunisian law helps women and children: A recent law in Tunisia, the Code of Personal Status, legally makes a wife a full partner with her husband in deciding questions relating to the children's education and other decisions concerning their lives.

New amendments concerning divorce were also introduced to protect mothers, wives and children, obligating former husbands to pay allowances to their families. The law has also widened the eligibility of divorced women and their children for State allowances. Recently the Government created a special fund for divorced women and their children in cases where the husband is not meeting his financial obligations to them. There are approximately 12,000 divorce cases in Tunisia each year. (From IPS)

Hope for the girl child: The Government of Bangladesh recently presented an action plan to raise the social, legal, educational, health and nutritional status of girls in the country within a decade. As part of the plan, 60 per cent of teaching jobs in primary schools will be set aside for women, since women teachers make it easier for girls to stay in school. To encourage all students to remain in school, the Government has launched a 'food for education programme', giving every student who attends at least 85 per cent of classes each month 15 kilograms of rice or wheat at the end of the month. The Government says about 120,000 tons of grains will be distributed in 4,600 primary schools by year-end.

New child rights commission in Honduras: The new National Commission for Children's Human Rights in Honduras will coordinate all legal, social and economic aid to children. With members drawn from representatives of three branches of the Government, private enterprise, women's groups, the Ministries of Health and Labour and organizations working on behalf of children's welfare, the Commission is expected to pave the way for parliamentary approval of the country's first children's code on child rights. Eight children have been invited to submit suggestions about subjects they believe should be covered in the code. Today, about 70 per cent of the country's 2.5 million children live in poverty. A recent survey indicated that most children under the age of 18 are ill-treated by their own families or by strangers.

Essay contest in Iran: A recently organized competition by the Children's Book Council of Iran, 'We All Have Something to Say', received nearly 400 moving letters from children around the country who said that they felt their feelings and wishes were neglected, that they were neither respected nor trusted. Children who participated in the contest, inspired by the Convention on the Rights of the Child, produced a final 'We All Have Something to Say Declaration'.

UNICEF/Bregnard

Vitamin A deficiency is one of Guatemala's most serious health threats.

Sugar packs a punch in Guatemala

By Jacob Bernstein

Ensuring adequate nutrition is a struggle for most people in Guatemala, where 40 per cent of the population lives in extreme poverty and where structural adjustment policies over the past several years have sent the cost of basic food products skyrocketing. In 1990, 14 babies out of every 100 were born underweight and 36 of every 100 children under five were malnourished. To combat vitamin A deficiency, one of the country's most serious health threats, legislation was passed in 1974 requiring sugar to be fortified with vitamin A. Now, nearly 20 years later, the programme is finally getting off the ground.

While sugar may seem an unlikely ally in the battle against malnutrition, it is an ideal choice in Guatemala, where it is consumed in large quantities by most people.

One of the people responsible for the programme's current progress is Dr. Omar Dary of the Institute of Nutrition of Central America and Panama (INCAP). Among the test tubes of the Institute's biochemistry department, Dr. Dary and his team are perfecting the process of fortifying sugar with vitamin A.

Sugar, a centrally produced commodity, is easy to fortify. And the sugar fortification process is fairly simple and fast, taking a little more than 10 minutes, Dr. Dary explains.

Vitamin A is first mixed with a small quantity of sugar (45 kilos of sugar to 25 kilos of vitamin) in a refinery near Guatemala City. The mixture is then heated with vegetable oil, becoming yellow and slightly greasy to the touch. This final product, called the pre-mix, is combined with regular sugar at the 18 refineries throughout the country in a blend that distributes 15 micrograms of vitamin A to each gram of sugar.

Overcoming difficulties with fortification

While vitamin A is conserved well in sugar, there are two problems which scientists are working to resolve: The vitamin loses its potency over time, and the process does not ensure equal distribution of the vitamin in the sugar supply. In 1989, tests by the Guatemalan Ministry of Health's Department of Food Control revealed that only 12 per cent of sugar was fortified within the limits established by the law; 82 per cent had low levels of vitamin A and 6 per cent had none.

Dr. Omar Dary and his team at INCAP are working on prolonging the life of vitamin A, which loses 9 per cent of its potency after six to nine months. One way is to ensure that the sugar is packaged in plastic and the pre-mix stored in air-tight warehouses; another solution is to encapsulate the vitamin to prevent oxygen corrosion. The team of scientists at INCAP is also seeking methods to mix the vitamin and sugar more uniformly.

Industry support

Scientific advances are only part of the reason the sugar fortification programme, after years of neglect, is finally beginning to work. The success is also due to the enthusiastic support of Guatemalan sugar producers. The sugar industry spends close to US$2.5 million a year on vitamin A fortification. This allows them to fortify 800 million pounds of sugar, which reaches almost 90 per cent of the population.

UNICEF has actively promoted the programme, helping to coordinate the efforts of the Ministry of Health and the sugar producers, and has also provided extensive logistical support.

And in those impoverished and isolated rural communities where residents don't buy sugar, but instead use a sugarcane extract they make themselves, called *panela*, UNICEF provides vitamin A supplements.

While adding vitamin A-rich fruits and vegetables to the diet is the ideal way to combat vitamin A deficiency, fortification of sugar in Guatemala meets the short-term needs more efficiently. "Vitamin A deficiency can be resolved with a good diet, but that requires economic and social changes which take a long time," says Dr. Dary.

Sugar is also fortified in El Salvador and Honduras, but only Guatemala fortifies 100 per cent of its production.

Jacob Bernstein is a freelance journalist based in Guatemala.

Learning to dream at Projeto Axé

Nearly 16,000 children live on the streets of Salvador (Brazil), a city of 2.5 million people. Since 1990, a programme called Projeto Axé has given thousands of these children hope for a brighter future, a feat that won them the 1993 Child and Peace Award, given by UNICEF Brazil. Alexia Lewnes reports.

UNICEF/Lewnes

At Projeto Axé in Salvador (Brazil), a group of boys provide musical accompaniment to *capoeira* classes, an African martial art taught to discipline both body and mind.

At 20, her almond eyes don't reveal the fear she experienced as a child, living on the streets of the coastal city of Salvador (Brazil). Ana was eight years old when she fled from a mother who hit her and a stepfather who abused her sexually. For nearly nine years, she scrambled through the city, day and night, hiding from the police and searching for food. "I was most afraid of the police, who would come in the middle of the night, kick and beat us and take us to the judge."

Ana has been off the streets for four years. She lives in a rooming house and pays the rent herself, working in the kitchen at Projeto Axé, an innovative programme that is gaining international recognition. "I plan to study law and defend street kids one day," she says confidently.

Axé (pronounced ah-SHAY) means 'force' or 'positive energy' in Yoruba, a West African language that survives in the Afro-Brazilian religious ceremonies of Salvador. Since June 1990, Axé has offered more than 7,000 children and adolescents, ranging from age 5 to 20, an alternative to the dangers of street life.

In 1993, 15,743 children and adolescents were trying to survive on the streets of Salvador, up from an estimated 12,000 in 1990, according to an Axé survey. While most returned to their families at night, more than 600 did not. "Those sleeping on the streets are the highest risk group," says Cesare de Florio La Rocca, president and founder of Axé. "The only future for them is death or prison." Street kids live in the present tense. "The past is filled with suffering so they don't consider it, and their future does not extend beyond 24 hours," says Mr. La Rocca. "The key is to convince the kids that a future is possible."

Learning to dream

It is through 'wish pedagogy' that Axé educators are able to teach thousands of others like Ana to make plans for the future. "The most important thing is to stimulate the child to dream and wish and to offer a number of concrete opportunities to help him realize his dreams," says Mr. La Rocca.

Opportunities to work and to learn are made available through Axé projects that are run as small businesses. Adolescents can work in Axé's recycled paper factory or its iron furniture factory, learn silk-screening for T-shirts or design and sew fashionable clothing.

All products must meet a high standard of quality, not simply for commercial reasons but mainly to convince the children they are capable of creating something useful and beautiful. Each child receives food, bus fare and the equivalent of US$5 for each activity per week.

In the recycled paper factory, a group of boys and girls, off the streets for only three weeks, tear paper into strips to become accustomed to working with their hands.

Learning through games

Through games, they learn to express their emotions and start to develop plans for the future. "The strategy is to create a rapport between work and play," says Marcos Carvalho, director of the recycled paper factory. "The work is manual, not mechanical, so they can develop their own individual capacities."

The students' creativity thrives in a loft area where they use rose petals, sand, fibres and grass to decorate paper and make boxes, stationery, cards and notebooks that are then sold to individuals and businesses.

The fantasy of a future off the streets becomes a reality when young adults enter the market-place. For more than a year Axé has been working with private enterprises, and as of October 1993, 85 children had received apprenticeships and positions working with a local construction company, hotels, restaurants and the tourism industry.

Street children may find it difficult to return to a formal classroom since they often feel restricted in confined spaces and may have learned to distrust authority. In Axé's literacy programme, which lasts three to four months, they learn to read and write, as well as to work out behavioural and attitude problems, enabling them to make a successful transition to formal school. When students return to a public classroom, Axé educators attend the classes for the first 30 to 60 days for added support.

Learning self-respect

Nearly 90 per cent of the street children in Salvador are of African descent, and they associate the colour of their skin with poverty and misery. To help them develop pride in their citizenship and heritage — Brazilian with African roots — Axé offers African dance, drumming and a variety of cultural classes at one of the city's most important Afro-Brazilian religious centres, Axé Opo Afonja. "Culture is a very strong educational tool," says Mr. La Rocca.

Capoeira, an African martial art developed by slaves to fight their oppressors, is taught by the Grupo de Capoeira de Angola. At Axé, *capoeira* is taught not as a weapon but rather as a philosophy. It is a dialogue between bodies — with fluid and circular movements — the dancers playful and respectful. It is a game of balance — of the soul, mind and body, requiring discipline and organization. "*Capoeira* not only teaches kids to be disciplined in life, it also helps them rescue their history and be proud that their ancestors helped to build this country," says Nadia de Silva, coordinator of Axé's cultural programme.

Discipline, control over one's body, teamwork and self-esteem are further reinforced in Axé's circus school where children learn to juggle, to fly on a trapeze, to clown around. "Life on the streets is risky but also fascinating," says La Rocca. "These kids are used to risk. Here, we create positive risks and challenges."

Family reintegration

The risk is particularly great at night when the streets are most dangerous. While Mr. La Rocca estimates that, because of violence and abuse, 20 per cent of those sleeping on the streets are better off not returning to their families, re-establishing family ties is critical to the project's success, he says. For this reason, Axé educators work with children and their families to help rebuild this fundamental relationship. Since it began its work more than three years ago, Axé has helped 768 children re-establish family links and return home.

> **"The most important thing is to stimulate the child to dream and wish and to offer opportunities to help him realize his dreams."**

The streets offer children a freedom that can be difficult to give up. When adolescents return home, many construct separate rooms and additions to their homes — using materials available through Axé — to preserve their independence. Rooming houses and hotel rooms are also provided for those aged 17 and 18, with the first three months' rent paid for by Axé. The young adult assumes the cost during the fourth month, after signing a contract to receive a salary. Placement in foster families is currently being arranged for young children who cannot return to their homes.

Axé receives funding through UNICEF, the International Labour Organisation's International Programme for the Elimination of Child Labour, the European Union, Save the Children, the World Council of Churches in Geneva, and through private enterprises in Brazil.

Employing 95 adults, 56 as street educators who receive intensive training to work with 2,700 children and adolescents, Axé spends US$45 per month per child, compared to an estimated US$2,000 per month at state-run programmes.

"Axé is proof that it is possible to attend to street kids with good results at a low cost," says Mr. La Rocca. "We are successful because we are constantly adapting and responding to the needs and demands of the children."

COMMITTEE NEWS

Belgium: The Belgian Committee has published an informative brochure on Education for Development, describing the basic concepts behind it and the three-stage learning process, and giving concrete suggestions on how to apply its objectives. For copies in French, please contact: Véronique Meunier, Comité belge pour l'UNICEF, Avenue des Arts 20, B-1040 Bruxelles. Tel: (32-2)230.59.70.

France: The French Committee for UNICEF has arranged for UNICEF to share in the proceeds of an innovative fund-raising campaign by Evian, bottler of natural spring water. Each time a consumer returns the label of a 1.5 or 2 litre bottle of Evian water, the company donates 20 centimes (US$0.56) to one of four organizations — UNICEF, the Red Cross, Restaurants of the Heart or Doctors Without Borders — the consumer chooses. If a consumer does not name an organization, the money is shared among the four. The Committee has arranged for the UNICEF proceeds to be used for immunization campaigns in developing countries. The Evian campaign — entitled 'We're helping them move mountains' — is backed by a multimedia promotional campaign in print, radio and television.

Sweden: 'The Drop Campaign', conceived by the Swedish Committee for UNICEF, raised great interest about Nepal, along with funds for water projects in that country. The campaign, carried out between December of last year and early March, encouraged children to collect soda cans for redemption at local drop-off sites. A family variety show, televised every week, helped promote the campaign and generate support. For every 20 cans children collected, a cardboard 'drop of water' was awarded and classrooms displayed the drop collections. Swedish children had educational benefits, learning about the importance of clean water and calculating how many water drops would produce a well. Cans were redeemed for half a Kronor each (US$0.16) and more than 1 million Swedish Kronor were collected.

Cracking down on child pornography

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Affairs, Foreign Affairs, the police, the travel industry and children's ombudsmen all attended.

With the exception of Norway, the possession of child pornography is legal in these Nordic countries, making countries like Denmark and Sweden major centres of distribution. The meeting concluded that Nordic cooperation to criminalize possession of child pornography is needed as part of a broad campaign against child sex tourism and sexual abuse.

Legal measures to protect children

Legal protections for children against such sexual exploitation as child pornography vary widely, according to a survey carried out by ICCB in 1988*. All countries, the survey indicated, had passed laws to protect children from being sexually abused by an adult. Yet the laws, as well as the minimum age of consent, varied significantly and there were many loopholes.

In Japan and Thailand, for example, there was no minimum age of sexual consent for a boy, and girls were protected by law only up to the age of 13. Children in Chile were not protected from sexual contact beyond age 12.

The survey also found that laws dealing specifically with child pornography covered mainly the offences of production and distribution.

More stringent laws, outlawing the possession of pornographic material, are important steps towards ending all sexual exploitation of children. If possession were illegal, demand for pornography would shrink, networks of child abusers would be under pressure and scrutiny, and child victims could be traced and helped. Buyers could be punished and/or receive therapy to help control their attraction to children. And societies would become more aware of the extent and degree of child sexual abuse in their midst.

Laws addressing the issue of possession have since been passed in a number of countries. For example, Canada, Germany, Norway, the US and the UK have amended their laws to criminalize possession, and other European countries, including Austria and the Netherlands, are about to follow.

At the international level, there are a number of legal instruments that have specific provisions and strong statements on pornography, around which people can mobilize. The Convention on the Rights of the Child, in articles 19 and 34, calls for measures to be taken against exploitative use of children in pornographic performances and materials.

The Programme of Action for the Prevention of the Sale of Children, Child Prostitution and Child Pornography, adopted by the Commission on Human Rights in 1992, urges States to enact legislation that would make it a crime to produce, distribute or possess child pornography. It also calls for new legislation and penalties to address new forms of technology used to produce and distribute pornography.

The Council of Europe has also recommended that all its member countries outlaw possession; the Forum of Child Welfare has set up a subgroup to address the issue in Europe; and in April 1992, Interpol, in an effort to coordinate international police efforts, held its first International Symposium on Offences against Children and Young Persons. At its meeting, it recommended that "member countries which have not yet done so, enact legislation making it an offence to produce, distribute or possess child pornography." ICCB will be collaborating with these organizations and others to update their 1988 study on child pornography as well as to lobby European countries to amend and enforce their laws.

The Nordic case

A major child pornography ring, involving more than 100 people, was discovered in Sweden in 1992. Of those 100, only three were charged.

"In Sweden, you are allowed to distribute child pornography to a close circle of friends," says Helena Karlen, Project Leader for Rädda Barnen. "It only becomes illegal when it is distributed to the public for commercial purposes, which is extremely difficult to prove.

"Other important countries around us are criminalizing possession of child pornography. If we don't, even more child pornography will come through Sweden and we will become the world centre of distribution."

To enact legislation making possession of child pornography illegal in Sweden, the Constitution needs to be amended. A tremendous campaign and extensive lobbying to amend the Constitution is currently under way and new legislation could be passed as soon as 1 January 1995.

Difficult to combat

While laws can be strengthened, there are serious challenges to enforcing them, among them new technologies that make it easier to produce and distribute child pornography. "We're seeing a lot fewer commercial and more homemade videos," says Ray Smith, US Postal Inspector and Program Manager at the national headquarters of the Office of Criminal Investigations at the US Postal Service, attributing the development to the camcorder.

Digital videos can be recorded and optically scanned on plastic "credit cards" — another innovation that makes it extremely difficult to track down pornography. Enormous quantities of child pornography can also be hidden inside a single disc or the hard drive of a computer, and computer bulletin boards make it easy for users to access and exchange materials.

"In the US, the mail is still primarily a preferred means of communication," according to Smith who says that since 1984, US Postal Inspection Service child pornography investigations have led to arrests and successful prosecutions of more than 2,000 pornographers and paedophiles. "But computers are a growing concern, making it more difficult to contain and control, " he adds. "We have to aggressively go after this stuff so we can interrupt the cycle of victimization at an early stage."

Other challenges to law enforcement are the limited personnel and resources of most law enforcement agencies and the clandestine nature of child pornography, which keeps it out of sight and in an underworld where corruption thrives.

In developing countries, in particular, child pornography is overshadowed by (although closely linked to) other major problems including illiteracy, hunger, prostitution, AIDS and above all, poverty.

Public commitment can play a critical role in helping governments meet this challenge.

Alexia Lewnes is consultant writer and editor, UNICEF New York.

* Countries surveyed: Argentina, Austria, Bangladesh, Brazil, the Caribbean Islands, Chile, China, Colombia, Côte d'Ivoire, Denmark, Egypt, France, Germany, Guatemala, India, Italy, Japan, Kenya, Mexico, Morocco, the Netherlands, the Philippines, Poland, Senegal, South Africa, Spain, Sweden, Switzerland, Thailand, Tunisia, Uruguay and former Yugoslavia.

What is child pornography?

Child pornography is defined in several ways, including "any visual or audio material which uses children in a sexual context," and "a permanent record of a child being abused by an adult."

It includes photographs, films, slides, drawings, magazines, playing cards, videotapes and computer images. These may depict a range of activities, from a young girl undressing, to children of all ages, including infants and toddlers, engaged in intercourse, oral sex, masturbation, rape, incest, sexual sado-masochism and bestiality.

Collected mainly by paedophiles — people who are sexually attracted to children — child pornography is used to heighten sexual arousal, to lower children's inhibitions and instruct them in sexual practices, for bartering with other paedophiles for new material, and for blackmail. It also permanently records a paedophile's own sexually abusive relationship with a child.

There is no distinct profile of paedophiles. They may come from all walks of life — from prominent doctors, lawyers and social workers, to teachers, policemen and clergymen. Friends, relatives and even parents are often involved in the business and receive money and other rewards for use of their children. Some paedophiles may not actually have sex with children, but as distributors and collectors of child pornography, they too victimize children and are, in effect, child molesters.

Although child pornographic materials are produced throughout the world, children from developing countries are often recruited, according to Helena Karlen of Rädda Barnen. "These children are economically and socially exposed and easily manipulated," she says. In these countries, money can be a powerful lure for many of the child victims and their parents, who receive financial rewards for their participation.

HEALTH NOTES

Better care needed for mentally ill

Worldwide, over 500 million people suffer from some form of mental illness, one of the leading causes of disability and lost productivity, according to the World Health Organization (WHO). Globally, 52 million people suffer from schizophrenia, 155 million from neuroses. Mental retardation affects 120 million people and 100 million have affective disorders such as severe depression or anxiety. Disorders from addictions, infection or trauma add as many as 100 million. Even where appropriate treatment for mental illness exists, sufferers may not receive it, WHO says, and in countries and regions where health care may be generally inadequate, the problems are acute. Zimbabwe, for example, has only four psychiatric centres, forcing hospital authorities to turn away patients without medication, according to Eileen Chinyadza, National Field Coordinator of the Zimbabwe National Association of Mental Health.

Tracking infant mortality in Europe

As the world works to reduce deaths of infants and children, the lower infant mortality rates of the industrialized world offer insights and examples, albeit many not yet fully understood. Some scholars credit the general improvement in living standards for the decline; others maintain that social interventions, associated especially with public health reforms, must take the lion's share of credit.

A handsome new volume from the International Child Development Centre in Florence, *The Decline of Infant Mortality in Europe (1800-1950): Four National Case Studies*, contributes to this debate with studies from Austria, France, Sweden and the UK.

Edited by Carlo A. Corsini and Pier Paolo Viazzo, the case studies, originally presented at an international workshop on the historic decline of infant mortality, held at the Spedale Degli Innocenti, in Florence in 1992, are based on retrospective infant mortality figures that afford an important long-term perspective. The French figures, for instance, span more than two centuries, from 1750 to 1987. The British series extends back to the mid-16th century.

The book reveals that wealth has not always helped protect children, since infant mortality was almost always higher in congested urban centres regardless of family income, until nearly the end of the 19th century. Infant feeding patterns, the volume notes, are key to understanding national and regional variations in levels of infant mortality.

In Austria, infant mortality was consistently lower in the mountain districts of the Alps than in the surrounding hills and plains until the mid-20th century, with infants protected by the climate from bronchial and pulmonary diseases in the summer months. Uplands water may also have been less contaminated.

The long-term perspectives offered by such studies can help explain the forces and causal relationships behind the still tragic incidence of preventable infant and child deaths in many parts of the world today.

The book is available from UNICEF, International Child Development Centre, Spedale degli Innocenti, Piazza SS Annunziata 12, 50122, Florence, Italy; price: US$9.00.

Preventing ARI: Giving the child a breathing chance

Acute respiratory infections (ARI) are the leading cause of death among young children today, claiming the lives of 4.3 million each year worldwide — 12,000 deaths every day, 500 deaths per hour, 8 every minute. Ninety per cent of these deaths are caused by pneumonia. The World Health Organization (WHO) estimates that an increase in correct management of ARI cases from the current 20 per cent to 60 per cent will prevent 15 million pneumonia deaths by the year 2000.

A simple case management strategy, developed by WHO, can prevent many childhood pneumonia deaths, allowing health workers to diagnose and treat pneumonia safely, easily and economically. Where this strategy has been applied, pneumonia deaths have consistently been reduced between 25 and 67 per cent.

During the first five years of life, a child living in an urban slum suffers five to seven episodes of ARI per year; one living in a rural area has three to five episodes per year. Most are mild viral infections causing a cough, sore throat and sometimes fever. However, one in every 30 to 50 ARI episodes will develop into pneumonia — inflammation and congestion in the lungs — and without treatment, within a few days, 10 to 20 per cent of these pneumonia cases will end in death.

"The treatment for pneumonia is quite simple," says Dr. Monica Sharma, Senior Health Adviser at UNICEF. "What we need now is to strengthen the health infrastructure at all levels to make sure children are treated quickly and properly, as close to their homes as possible."

Case management

WHO's simple but reliable method provides the right treatment to the right child at the right time. All children with pneumonia require treatment. The case management procedure for determining the severity of ARI, and specifically pneumonia, can be used by all health workers, including those at the village level. Standard case management relies in its simplest form on asking about the patient's symptoms and giving a physical examination.

To determine how serious the infection is, the caregiver looks primarily at two easily assessable signs — breathing rate and chest indrawing (*see illustration*). By simply watching a child breathe, a mother can detect critical signs and take her child to health care workers for treatment.

A diagnosis of pneumonia is based on the speed of respiration. A child younger than two months of age with a respiratory rate of 60 breaths per minute or higher, a child from two to twelve months old with a respiratory rate of 50 or more, and a child from one to four years old with a respiratory rate of 40 or more are considered to have pneumonia.

Children are diagnosed as having severe pneumonia when they have rapid respiratory rates, chest indrawing and may be unable to drink. Severe pneumonia cases are referred to a hospital. Those with pneumonia (fast breathing only) are treated with antibiotics, often at home.

Those with simple coughs and colds require supportive home care, which includes providing fluids orally to prevent dehydration, breastfeeding or providing small frequent feedings without forcing the child to eat, and giving antipyretic drugs to reduce high fever.

Effective treatment

Numerous studies have shown that mortality declines where the case management strategy is used. In Pakistan, after community health workers in three clusters of mountainous villages were trained to identify and manage ARI, infant mortality from ARI fell 52 per cent and child mortality fell 55 per cent. On the island of Bohol (the Philippines), where midwives were trained to detect ARI and prescribe antibiotics for pneumonia, over a two-year period child mortality from ARI fell by 28 per cent, while among infants, mortality rates dropped by 30 per cent. After one year of an ARI control programme in western Fiji, the use of antibiotics for coughs and colds fell from 60 to 9 per cent, saving considerable amounts of money for both families and the health system.

Low-cost treatment

The cost of a five-day course of an appropriate antibiotic is less than US$0.25. A simple low-cost timer has also been developed to help health workers measure respiratory rate. There is even an oxygen concentrator which separates oxygen from nitrogen in the air and produces a supply of oxygen for 25-75 per cent of the cost of cylinder oxygen. So even severe pneumonia cases can be treated cost-effectively.

"The problem," says Dr. Sharma, "is that clinics and hospitals are ill-equipped to handle these cases. Antibiotics in particular, vital in the treatment of pneumonia, are unavailable in the countries that need them the most due to a lack of resources, poor logistics and prioritizing that favours other drugs in the face of limited resources."

Poor most at risk

Deaths from pneumonia occur primarily in the developing world, because of a higher incidence of infection and because many children, often already weakened by malnutrition, receive inadequate treatment. More than two thirds of ARI deaths occur in children under one year of age. With the increasing prevalence of HIV infection among infants and children, a further increase in ARI incidence, especially pneumonia, is expected.

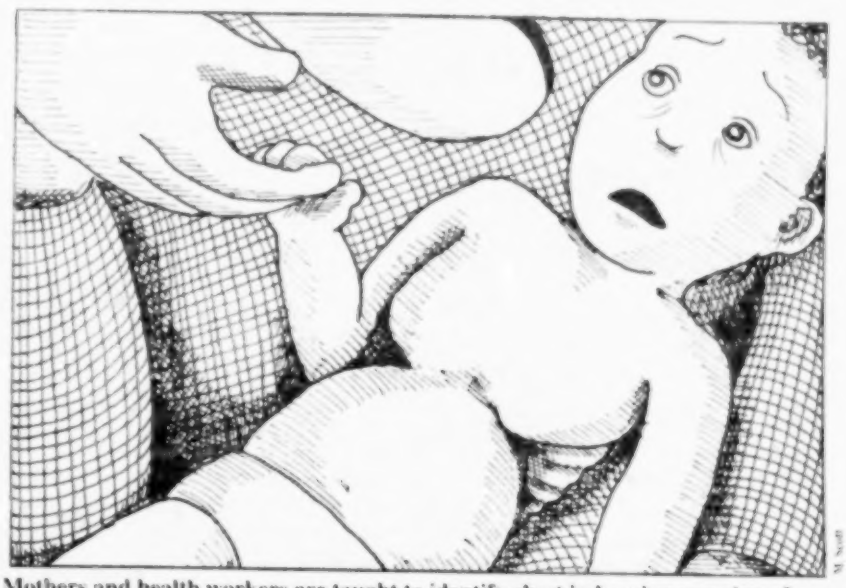
Children who have a low birth weight, are malnourished, not breastfed or deficient in vitamin A are most at risk of dying from pneumonia. Measles and whooping cough can also lead to pneumonia, and immunizing children against these diseases can cut the number of ARI deaths by one quarter.

Environmental hazards

Research is under way to determine the possible links between environmental risk factors and ARI. Outdoor air pollution, indoor air pollution (from burning wood, dung and agricultural wastes) and cigarette smoke (passive smoking) are among the major pollutants that have been connected to respiratory illness.

Studies from Argentina, the Gambia, Nepal, South Africa, the US and Zimbabwe have reported high levels of respiratory illness among young children, especially infants, who have been exposed to indoor air pollution. In Nepal, for example, the incidence of ARI was found to be directly related to the number of hours an infant spent near a stove.

A large number of studies show conclusively that passive smoking also increases respiratory illness. The association is stronger for infants and children whose mothers smoke. A study in Brazil that followed 4,000 Brazilian children through the first two years of life found that children with two smoking parents had a 50 per cent higher incidence of hospitalization for pneumonia than the children of non-smokers.



M. Yudt

Mothers and health workers are taught to identify chest indrawing as a sign of severe pneumonia.

Mistreated and misdiagnosed

Although the great majority of ARI cases require no more than general care at home — providing extra fluids and making sure that the child eats well — up to 70 per cent of these children are treated unnecessarily and expensively, with inappropriate medicines, according to WHO.

A survey carried out in 1987 in 12 countries found that more than 2,000 cough and cold remedies were on the market. Harmful ingredients were found in 18 per cent of these remedies, and ineffective ingredients in 83 per cent.

In most countries, at least a third of all drugs used in the public and private heath sectors are for the treatment of ARI. In 1985 global over-the-counter sales of cough and cold remedies amounted to US$3 billion.

"In many countries, both government and family resources currently used to purchase unnecessary drugs could finance the entire cost of the antibiotics required by national ARI programmes," notes Dr. Sharma.

Parents play a crucial role in preventing deaths from pneumonia, which kills quickly, often within three to five days after the first signs appear. They have to be able to recognize the early signs and get the sick child to a health worker quickly.

"Mothers need to be educated to get children prompt treatment," says Dr. Sharma. "But more critical is training health workers at the village level and ensuring that they are equipped with an adequate supply of antibiotics. Education is important, but we won't be able to reach our goal for the year 2000 unless we strengthen the infrastructure of the health care systems in countries where children are dying."

NPAs bring child rights to life

By Robert J. Ledogar

Now that the Convention on the Rights of the Child has been ratified by so many countries, the greatest challenge is that of implementation.

'Implementation', in the context of the Convention, is a rather weak word for assuring that children receive what the Convention says they should and not be deprived of what it says they should not.

One way to make States Parties to the Convention accountable is for the States themselves to set time-bound objectives, with corresponding strategies, programmes, budgets and measurement mechanisms for assuring a minimum set of children's rights. It is difficult to conceive of an instrument with greater potential for this purpose than the national programmes of action (NPAs) for children, adopted by countries as part of the commitments they made at the World Summit for Children.

Organizational mechanisms

NPAs bring important organizational resources to bear on the implementation of child rights. They assign responsibilities for getting the job done and establish (or confirm where they already exist) mechanisms for coordination.

Djibouti's NPA includes the text of a law instituting an interministerial follow-up committee to the World Summit under the presidency of the Prime Minister. Other examples of new mechanisms are a National Council for Child Welfare directly under the Head of State in the Sudan; and an NPA standing committee in Namibia, with representation from all the ministries involved in preparing the NPA. In Chile, a number of organizations, including the National Support Group for the Convention on the Rights of the Child, assumed responsibility for disseminating knowledge of the NPA.

Monitoring

One of the most hoped-for dividends of the NPA process is the improvement in national systems and capacities for monitoring progress towards child survival, development and protection goals. Measuring progress is necessary for good strategic management of the programmes themselves, but the production of reliable and timely data (properly disaggregated to reveal regional, ethnic, gender, age and other disparities) can, if

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Workshop helps communicators get the picture

By Emily Booker

On the second day of the Managing Audiovisual Communication Workshop, Yusra Bint Khamis Al-Farsy, a social researcher with the Department of Health Education in Oman, commented, "There is no relation between my work and this technology."

On the third day of the workshop, he was eager to learn more. "Today you opened my eyes to a new world."

Like many of the participants, Yusra was excited about the 'hands-on' method of this first test workshop for a new audiovisual communications training course, held in Amman last November.

The training course explores how to use audiovisual communications to bring children's issues to a large audience, how to develop effective communications strategies to promote the World Summit goals for children, and how to take advantage of the communications revolution to further promote these issues.

The workshop was part of a project, funded largely by the Netherlands Committee for UNICEF through the Global Communication Support Fund, to develop a training package on audiovisual media and communications strategy. Designed specifically to meet UNICEF's needs, the package will further the organization's capacity to promote the Summit goals for children through the audiovisual media.

UNICEF asked two internationally respected broadcasters, the Radio Nederland Training Centre and the Australian Broadcasting Corporation, to design the package. Bringing their extensive broadcast and training expertise to the project, the two teamed up with Jordan TV, presenting the workshop in the Jordan TV Training Centre.

There were 27 participants from the Middle East, with two UNICEF officers joining from countries further afield — Croatia and Ethiopia. About half were UNICEF information and programme officers, while the others were from government ministries, the media and media-related organizations. One aim of the workshop was to bring together people from different backgrounds so they could all work more effectively to bring children's issues to the forefront of public debate.

In Amman, the group shared experiences, particularly in the practical sessions, which involved problem-solving exercises and a hands-on approach to the technology of the electronic media.

One session required the participants to produce, within a half hour, either a radio or a television spot (30-60 seconds long). This exercise 'demystified the technology' and according to participants gave them a greater knowledge of the demands of radio and television production, apart from being fun. The session also provided information on existing media technologies and their comparative advantages.

Other modules looked at behavioural change and communication planning, networking and negotiation, and management roles in communication planning.

The objectives addressed during the workshop ranged from understanding the extent to which communication can influence people's behaviour, to recognizing the importance of planning as a management tool in communication. UNICEF's Information Officer in Addis Ababa, Mark Thomas, said these units were "relevant not only to audiovisual communications management but to all aspects of my work."

A similar workshop is being held in the Philippines (18-29 April) with participants attending from South Asia and East Asia and the Pacific regions. A third workshop will be held in Central America later this year.

The completed training package will then be available for use by country and regional offices and also by interested government departments and NGOs. It will be designed to meet specific local requirements. Modules can be selected according to needs, and content can be adapted to include local children's issues.

Emily Booker is Information Officer in the Radio, Television and Film Section, UNICEF New York.

Course on social mobilization

By Lakshman Wickramasinghe

Social mobilization is playing an ever more important role in development communication. To help give development and communication professionals a practical and theoretical grounding in this emerging subdiscipline, the Tulane University School of Public Health offered one of the first courses in the field last year.

The strong multidisciplinary nature of the process of social mobilization was well addressed. During the three-month programme, participants were offered courses on communication and education, as well as on research and evaluation, health and economic development, management and organizational change.

The curriculum reinforced the idea that communication and education initiatives aimed at changing people's behaviour have to be based on an understanding of the social, economic and political environment of the communities. The course also underscored the need for good organization, management, cost-analysis and efficiency forecasts. And it stressed the need for incorporating research and evaluation components into social mobilization programmes from the start.

One of the lessons learned by faculty members at Tulane was that the group of participants brought a wealth of insights into social mobilization activities. When course participants go out to mobilize in various countries, they must remember similarly that their beneficiaries are also adults with a fount of experience in making decisions on what is good and desirable for them.

Lakshman Wickramasinghe is Programme Communication Officer, UNICEF Kampala.

Radio broadcasters write their own radio programmes about AIDS during a training workshop in Crateus (Brazil).

Broadcasting for good health

By Alexia Lewnes

On the walls of a classroom in Crateus, a small town tucked deep in the interior of the north-eastern state of Ceara (Brazil), are graphic illustrations that warn about the dangers of AIDS, other sexually transmitted diseases and drug abuse. Handouts and articles spread on the table show statistics that validate the warnings. A poster on the wall articulates the evening's theme: "Fear will not cure anything."

These students are not schoolchildren but adult radio broadcasters. Nearly 40 professional broadcasters travel each Friday from 10 surrounding cities, some as far as 150 kilometres away, to participate in a 20-hour seminar which meets weekly in Crateus to discuss issues concerning children and adolescents.

"I am very happy to be here tonight and to know that my words and messages will not stay within these walls but will be repeated to thousands of others," says Dr. Geraldo Barbosa, an obstetrician from the area and the evening's guest speaker.

Dr. Barbosa's animated style, drawings and charts captivate the group as he reveals how he identified the first case of AIDS in Crateus in 1987 and how the virus has spread over the last five years. He explains how AIDS is transmitted and the severity of the epidemic in Brazil, and he discusses the growing problem of drug use in the area.

Although the media has devoted much attention to AIDS, the number of deaths from the virus is growing rapidly in Brazil. Lack of information and cultural resistance to the adoption of preventive measures have helped spread the disease throughout the country. Between 1987 and 1993, 36,400 AIDS cases were reported. Of the total number of deaths — 15,600 — 3.8 per cent were of children under the age of 15, according to the Ministry of Health.

If anyone can reach the public about the dangers of AIDS, sexually transmitted diseases and drug use, it is these radio broadcasters, who themselves come from the impoverished communities they are trying to touch. With smooth, deep, convincing voices, they are the celebrities of their region, trusted by their listeners. Their voices resound in cars and buses and in workplaces, bars and restaurants. "Radio personalities have the power to deliver the message," says Jaime Sautchuk, the UNICEF officer who supervises the broadcasters' training programme. "They are the only people who can reach the public and explain the problems."

Radio is the primary source of entertainment and information in rural areas, reaching at least 75 per cent of rural homes and 90 per cent of low-income urban dwellings. Many listeners are teenagers between 15 and 19 years of age, who make up 30 per cent of the national audience.

Participatory approach

Each week, the seminars for radio broadcasters address a new subject. This group in Crateus has already examined the issues of child rights, nutrition, education, early childhood development and breastfeeding. In subsequent weeks, they will discuss cholera and diarrhoea, family planning, acute respiratory infections and violence. The broadcasters receive newspaper and magazine articles and statistics, as well as sample radio programmes on each topic.

At the end of the evening's discussion, the class divides into five small workshops in which participants must design a radio programme that conveys the ideas they have discussed.

One group performs a series of short news flashes, another simulates an interview with someone who is HIV-positive. Some are serious while others are hilariously funny in their attempt to shatter the myths about AIDS. A short man in his late twenties finishes delivering his mock news show. "We can use this weapon we have in our hands to spread the message," he says, raising high the microphone he holds. "It's in our hands. What we need now is solidarity."

The courses which officially began in June 1993 are divided into three levels. The first level, for owners of radio stations and news producers, is a one-day course designed to make those in a position to influence public opinion more aware of the problems facing children and adolescents in their own states.

The second level, for radio broadcasters, is a 32-hour course that encourages them to analyse and develop creative ways to improve the health and educational situation of children.

The third course, for NGOs, is 48 hours long, and teaches how to develop a message and produce a programme. Participants learn about radio theory, editing, and using equipment.

In 1993, 873 people participated in these courses, supported by the Brazilian Communication Corporation and the Brazilian Association of Radio and Television Stations, and funded by the Netherlands Committee for UNICEF. In 1994, that figure is expected to double. At the end of the course, a certificate is issued, indicating they have successfully completed the UNICEF programme.

Because of the severe poverty and poor health status of children and adolescents in the area, most of the courses are currently offered in the north-east region. The courses will eventually be offered in other regions as well.

Dreaming of peace

Horror and scream, by Dinko, 12, from Pozega.

Around the world, children and childhood are under siege.

Over 40 armed conflicts currently claim children's lives, most of them in developing countries. In the past decade, more than 1.5 million children have been killed, more than 4 million handicapped, 12 million have been left homeless, more than 1 million orphaned and an estimated 10 million have suffered psychological trauma.

The world of these children is one of malnutrition, disease, poverty and death. Chronic danger has displaced the fundamental safety they need to develop to their full potential.

In this four-page special section, we pay tribute to all the children ravaged by violence and war. As we focus on the critical psychological rehabilitation process, we cannot help but see the many ways in which these children suffer. The consequences can be devastating: developmental impairment, emotional trauma, fear, violence and hatred.

But trauma induced by war and violence are not irreversible. Psychological trauma can be treated and lasting damage prevented or reduced.

These four pages highlight a few of the efforts being made to ease the children's pain. Noted child psychologist Magne Raundalen, who has worked with war-traumatized children for 10 years, describes in an interview some of the simple "trauma first aid" measures that allow children to heal. Reports from the Philippines and Sierra Leone explain how caring adults — social workers, teachers, counsellors, psychologists and parents — can help children reclaim their childhood.

Finally, some of the drawings and writings of the children of former Yugoslavia, from the new UNICEF book, *I dream of peace*, take us into the hearts and souls of these young survivors.

"In these pages," writes James P. Grant, Executive Director of UNICEF, in the introduction to the book, "the children deliver a serious message to adults: *Understand the cruelties of this war and what it is doing to us, your children! Do whatever it takes to end it. Take our child's-eye view of the promises and possibilities of peace!*"

Writings from *I dream of peace*

Stop the war and the fighting
for a smile on a child's face.
Stop the planes and the shells
for a smile on a child's face.

Stop all the army vehicles
for a smile on a child's face.
Stop everything that kills and
destroys
for a smile of happiness on a
child's face.

— Ivana, 11, from Cepin

We stayed five months at my grandmother's house. There was quite a lot of shelling, air raids, and general alerts. So many buildings were burned down, and every house was hit by at least one shell.

Mak and I slept on the floor, and mother and father on a couch. We had little to eat, only rice, spaghetti, and sometimes beans. We didn't have any other vegetables, only one tomato cut in three pieces for Mak, Deni, and me...

We all lost weight except for Asja. She doesn't get any humanitarian aid, but she eats ours. Poor thing, she never goes out to exercise, but still she is happier than other dogs who have lost their masters.

— Lana, 8, from Sarajevo

Treating war-traumatized children

To help children heal the traumas of war, sometimes only a sheet of paper and a pencil are needed, according to DR. MAGNE RAUNDALEN, a child psychologist who has specialized in war-related trauma since 1984. Dr. Raundalen, Director of Research for Children in the Centre for Crisis Psychology in Norway, spoke with Patricia Lone, Editor of **First Call for Children.**

Dr. Raundalen proposed three new simple measures that can be taken immediately, even in emergency situations, to ease the pain of children's trauma. He also discussed ways to stimulate empathy instead of hatred and make war a truly unthinkable option.

What is psychological trauma?

It is a sudden, unexpected event that overwhelms the person and renders him or her helpless. It is an attack on the senses. When you are in danger, your senses widen, they receive more impressions — what you see, hear, smell or touch — and you are helpless to block them out. It is like looking at the sun with completely dilated pupils — the impressions are burnt into the mind. If these impressions are not dealt with, the trauma can be so tormenting that up to 25 per cent of people have lifelong trouble. The worst of all trauma is rape. Up to 80 per cent of women have a lifelong after-effect from rape.

How is trauma treated and what level of skill is needed?

Writing and speaking about the trauma are powerful ways of healing it. Time alone will not heal it.

Most adults, parents, teachers and emergency personnel underestimate the sufferings of the child and even actively signal that children should not talk about their experiences because they don't know how to handle them. So in every camp we work with teachers and social workers to set up talking groups for children.

Those working with traumatized children must have the ability to listen to the worst. One girl was asked about how she felt being questioned all the time by reporters and she said, "It's wonderful. They want to know the worst."

Is there a difference in the trauma children are experiencing in wars now from that experienced, say, during World War II?

One difference now is that the front line, especially in places like Croatia, and Bosnia and Herzegovina, is the corner of the neighbour's house and the enemy is the neighbour. During World War II you could be quite safe in many, many places; now the front line is the front door.

Another difference is that children are deliberately targeted, especially in wars where government troops are fighting guerrilla forces. The troops have orders to shoot everybody. It is a tactic, taught by military advisers, and it has a special name: 'to clean the bay'.

Among the ideas you have for helping children deal with trauma is one you call a 'trauma first aid kit'. Could you describe this?

This trauma first aid kit could be very simple, consisting of a pencil case or a small bag containing a notebook, pencils and other paper, and one letter to the child and one to the mother. The kit could be part of regular emergency relief supplies, to be given to children by emergency personnel.

The letter to the child would explain that people in the world know what war is and realize that the child has disturbing memories of war. It would tell the child that he or she will have to live with these memories, and the way to do that is to write about them and then show what you've written to someone, perhaps grandma, because she can take it.

Even five-year-old children can write because someone, a parent, teacher or health worker, can tell them, "Here is my hand with a pen, now my hand is writing for you, and today we are writing about sadness. I became sad when..." and then the child starts to dictate.

The letter would also give the child some encouragement, explaining that the world is monitoring all wars and that people are trying to stop war.

The letter to the parent would mention that it is understandable that they do not like to hear their child speaking about their worst memories, but if they can overcome this resistance and talk to their child, they will help the child now and in the years ahead.

The parent's letter should also give a short explanation of trauma and why it is so important to communicate it and why parents should give the child hope and encouragement.

This inexpensive kit would help the child gain some control over terrible memories, because research shows that to express trauma and take some control over it reduces its impact and can even remove the mental pictures.

Your second idea is to establish anchor people in each situation to whom children can turn for help. How would this work?

Societies in war are societies in chaos and crisis. In such situations, lines of authority deteriorate, and I have seen free-floating children, without any place to anchor. So it becomes very important to identify and train someone I call an 'anchor person', whom children can turn to for information and for answers to their questions, someone who would help them with tasks such as mailing a letter and tell them when it is dangerous to go outside.

Some societies already have similar arrangements, such as a block parent or someone a child can go to if a parent isn't around. In a situation of war such an anchor person could give children the advice and correct information they need to get a grip on what has happened.

Is your third idea also tied to breaking the silence that surrounds trauma?

Yes. I don't have a name for this technique yet, but we need to use every possible opportunity to talk about the effects of trauma, to give children (and adults) the basic information they need in the simplest language. This can be done in refugee camps or shelters or anywhere people are gathered.

For example, when I visited a camp in Liberia I said I wanted to speak to the children, and 700 children and adults showed up.

I told them I was glad to see their happy faces, and they smiled and waved and probably thought I was just another superficial visitor who saw only their smiles.

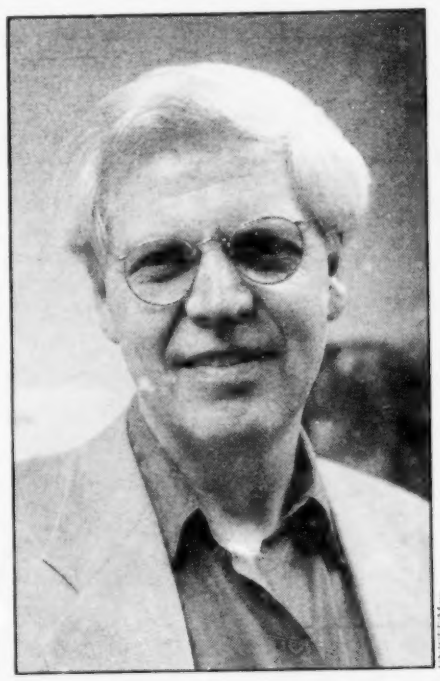
Then I said I was so glad that they could sometimes appear happy because I knew how sad they were inside.

And then it was so silent among the 700, so silent.

I said I know you have all these pictures, all these memories from the shooting, shelling and the loss of siblings, even parents, from seeing wounded bodies and all the horrors. You have to carry it all inside, I told them, and that's why I am here.

I said it was important for them to talk about both the good past and the worst memories. After that, I said, you can also talk about the future. And I told them I hoped they would have a peaceful future and that we should never lose that hope.

I give such speeches now to large groups of children on every possible occasion, and I go prepared. When I go on a trip I ask whether I will be seeing a large group of children, whether there will be a school or a hall, how old will the children be. I have my speech written before I go and I learn it by heart.



UNICEF/Mitra

"Empathy — the ability to feel another's suffering — is the most important thing in the upbringing of children and it is actually boosted in times of war."

— Child psychologist Dr. Magne Raundalen

When you speak of hope to children, is there any reason for optimism when wars and violence seem to be multiplying?

One reason for optimism is that empathy — the ability to feel another's suffering — is the most important thing in the upbringing of children, and it is actually boosted in times of war. Children see parents helping others and they see that they themselves are helped. They share things and people share with them. They cry more on behalf of others.

Many of those who experience war become helpers later on, if they are helped themselves. In our first studies in Uganda we found children wanting to be UNICEF or Red Cross drivers, doctors or nurses. They wanted to heal Uganda. No one wanted to be a soldier.

You say that empathy is the most important thing in bringing up children. How is it conveyed to children and stimulated in them?

Empathy can be developed in many ways, but a good way is by a parent caring for, and responding to, the sufferings of a child and telling the child that he or she should help people.

Preaching to a child is much more effective than we ever dreamed: "I saw you sharing with that boy and that was very good. If more people were like you we could change the world." If you say that to a six-year-old boy, he will remember it for the rest of his life.

What role do you see peace education playing?

Trauma treatment is also peace education. How can you start thinking about peace with the picture of dead bodies before your eyes and the sound of bombing in your ears, when the picture of throats being cut comes before you every day? How can you be receptive to peace education if you have not worked through the trauma?

Any peace education that talks about tolerance and negotiation without addressing the rage and anger children have won't work. First you have to address that anger and aggression.

How can people address anger and aggression constructively?

Let me give you one example.

I visited a school in a city, which had been bombed, near Montenegro and asked the students in one class to draw a circle. I then told them to divide the circle into three parts, one for anger, one for fear and one for sadness. There was fear and sadness, but the anger parts were much larger.

One boy was painting the anger part black and he said, "I am painting it black because my anger is hate inside."

I said, "I can see that. Let me guess what you want to be. I think you want to be a pilot."

"Yes," he said. He wanted to have a plane, a fighter with bombs. And he wanted to go over Belgrade.

And so I said, "Yes, you are a pilot and you are right over Belgrade. There you are, on the point of dropping the bombs." And he said, "Yes."

And I said, "You have a problem."

"Yes," he said.

"What is the problem?" I asked.

"There are children there, that's the problem," he said.

I asked him what he would do and he said he would fly back. And then he shouted: "Someone should tell the other devils to fly back also!"

And that is peace education. He said, "After I have been angry, I hate less." It was one of the greatest moments I have experienced with children.

I asked him why he thought about the children in Belgrade.

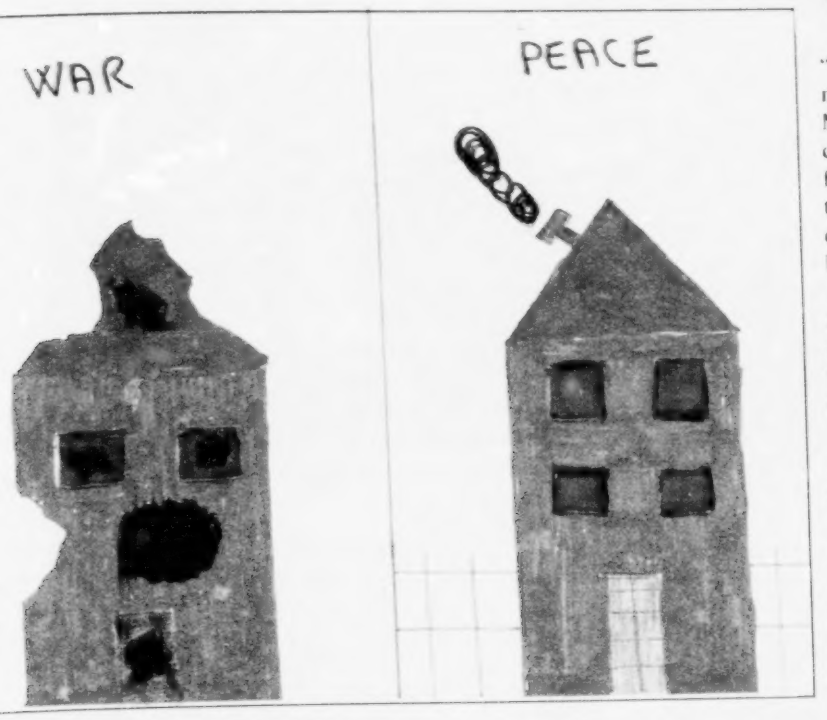
He replied, "I don't want any child on this planet to experience what I have experienced."

I think that to promote empathy and control aggression is a very, very important part of peace education.

Research shows that when wars end, there is a huge wave of anti-social, aggressive, violent behaviour among boys between the ages of 16 and 22. How do we channelize and control this aggression after war?

We have to confirm the children's urge for revenge and then deal with it, rather than trying to put a lid on it. We should tell children that we can see that they are angry and we know why, but that we are in command.

War: In children's images



War and peace, by Natasa, 11, from Pula.

"War is the saddest word that flows from my quivering lips," writes 12-year-old Maida from Skopje in *I dream of peace*, a collection of writings and drawings from former Yugoslavia. "It is a wicked bird that never comes to rest....War is the evilest of birds, turning streets red with blood, and the world into an inferno."

The conflict in former Yugoslavia is seen through the eyes of more than 50 children in this new UNICEF book, published in nine languages and more than 18 countries.

I dream of peace takes readers on a four-part journey into the hearts and minds of children whose secure world has been brutally turned upside down. "Cruel War" shows the immensity of the destruction wrought on their surroundings. "The day they killed my house" is a more intimate look at the anguish when war literally hits home. "My nightmare" vividly renders the horrors the children have been forced to internalize. "When I close my eyes, I dream of peace" completes the voyage. These words, spoken by 14-year-old Aleksandar as he was lying in a hospital bed after being severely burned by a Molotov cocktail, are a powerful affirmation of children's resilience.

The writings and drawings in *I dream of peace* were created in 1992 and 1993 in schools and refugee camps on all sides of the conflict, as part of the UNICEF psychosocial programme for war-traumatized children in former Yugoslavia. After three years of war, it is estimated that around 1.5 million children are traumatized; 15,000 have been killed and over 35,000 have been wounded.

All UNICEF earnings from the sale of the book will go to the I Dream of Peace Fund to support programmes for children affected by war throughout the world.

I dream of peace: Images of war by children of former Yugoslavia (US$12.95) is available at your local bookstore or through your UNICEF National Committee or field office.

If I were President,
the tanks would be playhouses for the kids.
Boxes of candy would fall from the sky.
The mortars would fire balloons.
And the guns would blossom with flowers.

All the world's children
would sleep in a peace unbroken
by alerts or by shooting.

The refugees would return to their villages.
And we would start anew.

— Roberto, 10, from Pula

I had a new tricycle, red and yellow and with a bell.... Do you think they have destroyed my tricycle too?

— Nedim, 5, refugee

Message to the world, by Danijela, 11, refugee from Derventa.

Healing hidden wounds: Children's Rehabilitation Centre in the Philippines

Howie G. Severino

On a bright morning in the Philippines, six-year-old Caling Ayap uses crayons to summon memories of unspeakable horror of the day community was ravaged by war.

Thirty-nine people died on that day, including nine children and both of Caling's parents, caught in the crossfire between two opposing militia forces. Caling suffered wounds in her neck and shoulder. Several other children witnessed the carnage.

For months after the massacre, some of the children were unable to speak. Using art therapy, social workers at the Children's Rehabilitation Centre helped the children express their feelings and confront their memories. After months of close attention, all the children have regained their speech; most have learned to laugh again.

The Centre was established in 1985 to respond to the psychosocial needs of children traumatized by the violence in their communities. In a country where many rural communities have been torn by armed conflict, the Centre has helped victims of armed conflict, such as Caling and her siblings, the children of political prisoners, witnesses to conflict and evacuees.

Adult survivors of the massacre are also undergoing therapeutic exercises to help them gather the will to rebuild their community and support their families once again.

Healing the wounds

The Centre, assisted by UNICEF through its programme for children in situations of armed conflict, is part of a growing network of non-governmental and civic organizations aiding children caught in the crossfire in the Philippines.

Treatment emphasizes a holistic approach to healing, says Elizabeth Protacio Marcelino, a psychologist and founder of the Centre.

"Physically, you may have a broken arm or a bullet lodged in your body, and in a couple of years, you may hardly notice the scars," says Ms. Marcelino. "But psychological scars can remain for the rest of your life because they are often ignored. We are so afraid of the kind of children we are bringing into the future — maimed, bruised and psychologically wrecked."

The Centre's workers have found that the arts — such as drawing and acting — are most effective in eliciting the feelings of child victims.

"We don't say, 'Come on, tell me your problems'," says Ms. Marcelino, herself a former political prisoner who began developing her methods with the children of fellow detainees. "The goal is to find out how the child feels, because if we don't have any indicators, we can't start working."

Creating art can also be therapeutic, adds Ms. Marcelino, because it can give the child new skills, confidence and a feeling of being appreciated.

"The goal is to find out how the child feels, because if we don't have any indicators, we can't start working."

Help for the family

Family therapy is an important aspect of helping child victims recover from trauma. The entire Ayap clan underwent stress reduction therapy as a group, simply to learn how to relax.

"Some children and even some adults don't know what relaxation is in terms of their physical system," says Ms. Marcelino. "One exercise helps give them the feeling of what it means when your muscles are relaxed, when you have a calm attitude, when you are smiling, when there is no rapid heartbeat."

Exercises in group dynamics also helped the clan face the challenge of continuing their lives together and forming new family relationships. Caling's eldest sister was counselled about her new responsibilities to her siblings.

The Children's Rehabilitation Centre has three offices, in Manila, Mindanao and in the Bicol region. Still, the Centre's workers sometimes feel overwhelmed because of the large numbers in need and because the treatment methods are time-consuming. Success is their encouragement. Caling and her orphaned siblings are back in school again.

Howie G. Severino is a freelance journalist based in the Philippines.

Children start over in Sierra Leone

In May of 1993, in a remarkable move to comply with the Convention on the Rights of the Child, the Government of Sierra Leone called for the release of all persons under the age of 15 who had been absorbed into the armed forces. An estimated 1,000 children between the ages of 8 and 18 have participated in hostilities in eastern and southern Sierra Leone between the Government and rebel forces.

Now, through the collaboration of UNICEF, the National Provisional Ruling Council Government and national and international agencies, these youngsters are beginning to enter a programme to help former child combatants on both sides rebuild their shattered childhoods.

Whether they fought or served as cooks, lookouts or 'bodyguards', children who lived through the conflict in eastern and southern Sierra Leone suffered. They were always on the alert and hardly slept. They were given marijuana to smoke and food laced with gunpowder to eat. All either saw or participated in atrocities, such as mutilating victims or burning them alive. Most know children their age who have been injured, captured by the rebels or killed.

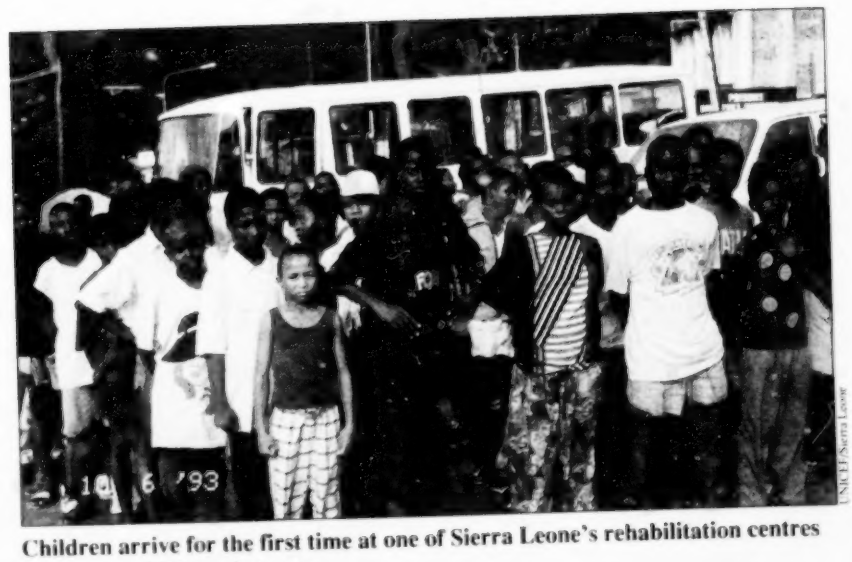
Now returning to civilian life, some children are highly aggressive, others are withdrawn and sit curled in a corner. They have difficulty sleeping and are haunted by nightmares: many are injured or suffering from disease and have not received adequate medical care. Medical screenings in Freetown show that over 60 per cent of the girls and 40 per cent of the boys are infected with sexually transmitted diseases; 2.5 per cent are HIV-positive.

Rehabilitation

To prepare children returning from the front for their reunion with families and re-entry into communities, rehabilitation centres have been created. Nearly 370 boys and girls have entered these centres, or 'transitional homes' (two in Freetown and one in Bo), where they live for three to six months. They are counselled and take part in play therapy, educational and recreational activities, peace education and skills training.

On arrival, all the children display some signs of psychological disability. Those children who exhibit symptoms of psychiatric disturbance or drug addiction are given more intensive psychological counselling and psychiatric care for six to twelve months.

The staff consists of 2 psychiatrists, 6 counsellors, 56 caregivers, 20 teachers, 6 health workers and 3 physical education instructors, all Sierra Leoneans and many from war-affected areas themselves. Teachers and caregivers have received basic training in the techniques of handling traumatized children and will receive further training in peace education, trauma healing and monitoring.



Children arrive for the first time at one of Sierra Leone's rehabilitation centres for former child combatants.

Each transitional home provides basic education. Some children are entering a classroom for the first time, while others are returning after an absence of two or three years. To help the children become more self-reliant and enable them to contribute to the rehabilitation of their community, a vocational training programme is also being developed.

Already the children have improved tremendously. At the beginning of the programme, for example, their attention span in school was 10 minutes or less. Now it has increased to 30 minutes. A 12-year-old boy who was violent — and threatened to kill in order to get what he wanted — now writes on the wall over his desk, "an eye for an eye makes a blind world." Most of the children are rediscovering their childhoods and are able to laugh, sing and perform in plays and concerts.

The children have also created their own self-governing system within the homes — with a president, a minister of education and a minister of justice — to help them adjust to the real world and its responsibilities.

Community reintegration

A family-tracing system, together with radio announcements and meetings with village chiefs, helps to locate the families or relatives of the children. As of end-November 1993, 246 families had been traced.

Before a child is reunited with relatives, family members are also counselled and prepared, with influential village members, including traditional healers, chiefs, religious leaders and midwives, helping in the counselling efforts. The question of unaccompanied children has not been solved yet, although group homes and adoption are being investigated. The rehabilitation programme has drawn support from many local and international organizations and volunteers. Efforts are being made to absorb the many more children who need assistance.

This article is based on a project report by the Catholic Mission in Sierra Leone and UNICEF Freetown.

The kids from Somalia

Cartoon comments by Christian Clark, UNICEF Information Officer, Somalia

Iodine deficiency is a problem in large parts of South Asia. At the Mollah Salt Industries outside Dhaka, labourers wash sea salt by hand to remove mud, also removing iodine in the process. The salt must then be iodized.

India maps clear strategy to battle IDD

Every hour, 10 children are born in India who will never reach their full mental and physical potential because of the effects of iodine deficiency. Overall, the country has 167 million people at risk of iodine deficiency disorders (IDD); 54 million suffer from endemic goitre.

The Government's Iodine Deficiency Disorder Control Programme (IDDCP) proposes to lower the toll and reach the 1995 goal of universal salt iodization through a precise and meticulous blueprint for increasing the production of iodized salt, monitoring its quality and ensuring its use.

Universal child immunization (UCI), the world's stunning achievement in 1990 of 80 per cent average immunization rates for children, offers a prism through which efforts to reach the other goals for children can be viewed with new clarity.

When health care workers uncap a syringe to give a measles injection, they know that the vaccine is produced and transported in controlled conditions, to meet set standards, and they administer it according to fixed protocols.

Quite literally, a world of difference exists, however, when it comes to the way salt is produced, transported and consumed, and the way in which it is iodized.

Creating the standards and injecting the control and monitoring mechanisms necessary are among the many challenges facing countries in pursuit of the iodization goal. As is educating people to demand, purchase and consume only iodized salt, to protect themselves and their children from the spectrum of mental and physical effects of iodine deficiency disorders (IDD).

The programme under way in India meets these challenges through a scrupulously detailed action plan to heighten awareness of the problem and to create public and private sector commitment.

Health and commerce

India approaches the IDD problem from two logical directions. Since it is a health issue, the Government has appointed a central IDD unit in the Directorate General of Health Services. The unit coordinates efforts with state governments, compiles data and conducts surveys on iodine deficiency and monitors the quality of iodized salt.

Since salt iodization is also a commercial question, the Government has also established the Salt Commissioner's Office under the Ministry of Industry, responsible for producing and distributing iodized salt to areas of particular need. The Salt Commissioner liaises with the Ministry of Health, as well as with the state governments on their needs, and with other Ministries, such as the Ministry of Railways when iodized salt needs to be transported to IDD-endemic areas. IDD administration units (Centre IDD Cells) exist at the state level as well, extending a line of responsibility well into areas of greatest need.

Target areas, training and testing

National surveys have identified 106 districts in 13 states as priority areas, with the greatest prevalence of IDD, where the Government — in cooperation with UNICEF — is focusing attention. By the year 2000, the Government aims to reduce goitre prevalence among children under 14 years to less than 5 per cent and eliminate cretinism among children born in targeted districts and states.

Training of health and other personnel is a major emphasis. A national training centre at the All India Institute of Medical Sciences, in New Delhi, was established in 1992 to train central-level trainers. In addition, another training centre for IDD was established at the All India Institute of Health and Public Hygiene at Calcutta in 1993, with responsibility for the seven severely endemic states of the north-eastern sector and the States of West Bengal and Sikkim. The state trainers will develop skills in managing the IDD programme and organizing training at state, district and block levels.

Monitoring will be strengthened through the use of salt testing kits, which will make it easy and economical to monitor all stages of production — from manufacturing through distribution — more frequently. The testing kits contain a solution that reacts with iodized salt, turning it a distinctive purple colour if it contains adequate potassium iodate.

The kits will also be distributed to wholesalers, traders, retailers and members of the community, including community leaders, school children and health care workers. Approximately 15,000 test kits will be supplied to each district. The educational component of the programme will be critical and will focus on those people living in rural areas, especially women and children, as well as school teachers, child centre and health workers.

Making non-iodized salt illegal

The central Government has asked all states to issue a ban notification on the sale of non-iodized salt under the Prevention of Food Adulteration Act. According to the Act, if iodized salt is found on analysis to be substandard, all persons who have manufactured, distributed and sold it will be prosecuted and punished with imprisonment which may extend from six months to two years, and fined not less than Rs. 1,000 (US$32.05).

Each state is now responsible for legislating its own state ban on non-iodized salt. Presently, the complete ban on the sale and distribution of non-iodized edible common salt has been enforced in 23 states. Four states have issued a partial ban notification in selected districts.

To encourage participation from the private sector, prodacers of iodized salt who have set up plants with permission from the Salt Department are provided with free technical guidance on training for personnel in plant operation and maintenance and in quality control. Financial assistance is also available through commercial banks.

ED DEV NEWS

Conference to improve international understanding: Education for international and cultural understanding will be the topic of the next Global Theme Conference of AISEC (Association International des Etudiants en Science Economique et Commerce.) The conference, to be held 30 May to 4 June in São Paulo (Brazil), will be attended by Oscar Arias Sánchez, former President of Costa Rica and Nobel Peace Prize winner, and Al Gore, Vice-President of the United States. About 350 student delegates from 74 countries will focus on the role of education in three areas: human rights and responsibility, multicultural societies and cooperation for development. Education for international and cultural understanding is the AISEC global theme for 1992-1994.

It's Only Right! A Practical Guide to Learning About the Convention on the Rights of the Child: What does the right to health or education mean to a young person? Young people can find their own answers to such questions in this engaging and creative new workbook, published by the UNICEF Education for Development Section. It contains hands-on activities and exercises that help youths aged 13 and older learn about the rights guaranteed by the Convention on the Rights of the Child, and it gives suggestions on how they can become involved in further activities. Contact: UNICEF, Palais des Nations, CH-1211 Geneva 10, Switzerland, tel: (41.22) 798.58.50/798.84.00; or UNICEF, 3 UN Plaza, H9F, New York, NY 10017, tel: (212) 326-7118.

Cultures compared: Young people can compare the cultures and customs of a number of European countries in a series of lessons being developed by the European Association of Teachers, the Dutch National Institute for Curriculum Development, the Dutch History in the Classroom Association and partners in Austria, Switzerland and in Flanders (a province that spans parts of Belgium and France). The project, *We and the Others*, is designed to help young people empathize with others and see their own culture from a different point of view. For more information, contact Hans Hooghoff, SLO, P.O. Box 2041, 7500 CA Enschede, Netherlands.

HEALTH NOTES

Infectious diseases on rise in Europe

Polio, cholera, diphtheria and tuberculosis are making a come back in parts of the continent and in the countries of the former Soviet Union, on the heels of growing poverty, vaccine shortages and immunization system failures. Tuberculosis is increasing in Austria, Denmark, Israel, the Netherlands, Norway and Switzerland, according to WHO. Last year the Netherlands had an outbreak of polio with more than 64 cases and several deaths. Azerbaijan and Ukraine have also experienced cases of polio. Diphtheria has re-emerged as a problem in Russia since 1991 and spread into some of the neighbouring republics of the former Soviet Union. And cholera is reported in Georgia, Russia and Tajikistan. The resurgence of these diseases underscores the need for disease surveillance surveys and monitoring programmes so that outbreaks can be controlled rapidly.

Food pollution dangers

Eating can be risky for millions of people, according to a report issued by Physicians for Social Responsibility (PSR), a Nobel Peace Prize-winning group of physicians. Residues from herbicides, insecticides, food preservatives and plant growth hormones are the most common food contaminants, particularly in developing countries. But PSR authors cite lead-contaminated food as a major concern, because of its prevalence globally and because recent studies link brain damage to even relatively tiny amounts of lead in human tissue. The report states that lead from pipes often contaminates water, which may then be used to irrigate crops or process foods in factories and homes. Lead also gets into food from glazed ceramic ware or crystal glassware.

Women's health and rights

Governments violate women's human rights when they do nothing to eliminate health hazards that specifically affect women, according to a report, *Human Rights in Relation to Women's Health*, commissioned by WHO and prepared by Professor Rebecca J. Cook. "States that are not taking steps to reduce risks by changing customs, providing education and offering health care are simply not fulfilling their human rights obligations," says Prof. Cook, if they have ratified treaties that guarantee health and equity. Among the factors contributing to women's poor health are poor nutrition; lack of education; heavy and dangerous work; too many pregnancies, with too little space between them; lack of access to family planning information and methods; female genital mutilation; and violence by men, including sexual abuse.

Men respond to family planning messages

Since 'Man to Man' — a project in Malawi that gives men condoms and brochures on male involvement in child spacing — began, many more women are attending family planning clinics in the areas covered. And in Zimbabwe, a multimedia campaign conducted between 1988 and 1989 was found effective in increasing contraceptive use among one community of married men, from about 56 per cent to 59 per cent during the campaign, with condom use rising from 5 to 10 per cent, according to the periodical, *Studies in Family Planning*. The campaign consisted of a 52-episode radio soap opera, 60 motivational talks and pamphlets on family planning.

Bettering slum dwellers' lives

continued from page 1

dents, who packed innumerable baskets with earth from a nearby river bank, carrying them back on their heads to fill the land under their houses. Once they had accomplished this formidable task, the SIP helped them with the further improvements. No longer an eyesore, Rupsha is a model for others.

Rupsha is one of the 185 slum communities in 25 municipalities that have benefited from the Bangladesh SIP since 1986. In all of them, people's lives, children's health and families' prospects for the future have improved. For women, the changes have been especially beneficial. Before SIP, overcrowding and flooding in the slums meant that there was no clean outdoor communal space where women could do chores while also socializing with other women.

Instead, they spent most of their time in one room less than 10 square feet in size, in an isolation imposed by tradition and squalid conditions. Many became deeply depressed, a fact only recently gaining the attention it deserves. Studies in Calcutta and Tanzania suggest that rates of depression among the poor in the developing world are even higher than in the West.

One of the boons of SIP is its emphasis on community organization and the participation of women. When the project is first introduced into a slum area, the women in the community form groups of 10-15, and each group selects a leader and a secretary.

The groups meet weekly with the community organizer, who is hired by the municipality, to discuss the physical improvements planned, roads to be paved, drains to be installed, as well as their community's health needs.

Then the community chooses a chairman and vice-chairman, at least one of whom has to be a woman, who together with group leaders constitute the Slum Programme Implementing Committee (SPIC), the coordinating committee for physical improvements.

Health care and nutrition improves

Community health workers (CHWs), selected by members of the community, are a pivotal part of the project's goal of improving health in the slums. The women selected to be CHWs receive two weeks' training through a non-governmental organization (NGO) and then are paid a stipend of 200 taka (US$5) a month to teach people about health and cleanliness.

CHWs have succeeded in delivering strong preventive health messages about cleanliness and in motivating their neighbours to breastfeed, have their children immunized and to accept family planning. One result is that diarrhoeal mortality is down in all improved slums.

One study in Dhaka found that more than 90 per cent of the children from two slum areas were malnourished to some degree. Diarrhoeal diseases and worm infestations, associated with the poor conditions, are largely responsible, but so too is the poverty of parents.

SIP aims to put more money in mothers' hands to buy food for their families through the savings programmes that all groups begin. Each member puts small sums into the group savings account that the community organizer helps the group open and manage. Then, members who have been reliable savers become eligible for loans from the account, to start small businesses, raising goats or cows, preparing cooked foods for sale in the market or buying recycled wool to make hats and gloves to sell.

A mother's mental health was identified by another study as a possible cause of children's malnutrition. In the study, as many as two thirds of the babies identified as severely malnourished lived in households where there was enough food, but where the mothers were depressed and isolated and the babies were understimulated.

As the social interaction of the mothers improved — they began attending monthly meetings where nutrition was discussed — the nutritional status of the babies improved noticeably.

Cost of better lives

Once the women's groups and the coordinating committee have been formed, physical improvements can be started. Clean water is usually the first demand of the community. Slum residents pay 500 taka (US$12.50) for each tube-well, and often a number of families share the same tube-well. Some residents are trained to maintain the tube-wells.

A latrine also costs 500 taka. In some areas as many as three families share a latrine. Motivating families to spend money on one, however, can be difficult since most people are not yet convinced of the benefits.

Other community improvements include the installation of drains, footpaths and street lights as well as coordinating rubbish collection.

Success and expansion

Plans are proceeding to extend the reach of SIP, which has already benefited nearly 200,000 people in Bangladesh, through cooperation with other programmes such as the Asian Development Bank's Secondary Town Improvement Programme and the urban immunization programme of the US Agency for International Development.

This article is based on a case study by Elin Mair Haaga on the Bangladesh Slum Improvement Programme.

Day care reaches Colombia's poorest

A recent addition to the Innocenti Occasional Papers Child Rights Series, *Home-based community day care and children's rights: The Colombian case* describes the success of the programme for home-based community day care, started by the Colombian Family Welfare Institute.

The authors — Carlos Castillo Cardona, Nelson Ortiz Pinilla and Alejandra González Rosetti — explain that the programme, now in its sixth year, offers mothers in poor communities training and support so they in turn can care for the children of low-income workers and the unemployed in their communities, who would not normally have access to day care for their children.

The programme reaches those it set out to reach: poor and vulnerable children under seven years of age. The approximately 1 million children now in the programme represent about 83 per cent of a target population of 1.2 million poor children. Of parents in the programme, 76 per cent earn less than one third of the minimum wage. Fewer than 30 per cent of household heads have regular job contracts.

The programme helps increase family income by making it possible for both parents to work. Studies have also shown that it has positive effects on the health, nutrition, and psychological and emotional well-being of the children cared for.

This Innocenti paper details why the programme is successful and provides valuable insights for any country wishing to undertake a similar initiative. It also shows that resourcefulness is as important as resources if countries facing economic constraints want to ensure for all their children the protections and benefits of the Convention on the Rights of the Child. One key is community participation: Community contributions cover 57 per cent of the programme's total cost.

Contact: International Child Development Centre in Florence, Italy.

EVENTS AND MEETINGS

May

15, International Day of Families, global (Contact: W. Hass, United Nations); **23–27**, World Conference on Natural Disaster Reduction, Yokohama, Japan (Contact: United Nations); **23–31**, Innocenti Global Seminar: Monitoring the Protection of Children's Rights, Florence (Contact: International Child Development Centre, Florence).

June

Launch: *The Progress of Nations*, global (Contact: UNICEF New York, Division of Information); **5**, World Environment Day, global (Contact: United Nations Environment Programme); **7–10**, World Conference on Special Needs Education: Access and Quality, Salamanca, Spain (Contact: Sr. D. Jesus Parra Montero, Ministerio de Educación y Ciencia, Madrid, Spain, at fax: 341 5229256); **16**, Day of the African Child, global (Contact: UNICEF New York, Division of Public Affairs); **16–22**, Children of the Earth PrepCom, Vermont, USA (Contact: Ellen Brogren/ Peaceways, phone/fax: 415-340-8940); **17 June–7 July**, Soccer World Cup and Benefit Match, USA (Contact: UNICEF New York, Division of Public Affairs); **20–26**, 1994 International Child and Youth Care Conference, Milwaukee (Contact: International Federation of Educative Communities/National Organization of Child Care Worker Associations (FICE/NOCCWA)).

July

1–12, Peace-Links PrepCom, Makeni, Sierra Leone (Contact: Ellen Brogren/ Peaceways, phone/fax: 415-340-8940); **3–7**, 26th Conference of the International Council on Social Welfare 'Global Welfare' (Contact: UNICEF New York, Division of Public Affairs); **11**, World Population Day, global (Contact: UNFPA); **16–19**, International Council of Women PrepCom, London, England (Contact: Ellen Brogren/ Peaceways, phone/fax: 415-340-8940).

Call for Papers

The World Federation of Public Health Associations' VII International Congress will be held from 5 to 9 December 1994 in Bali, Indonesia.

For further information and abstract forms, please contact: the WFPHA Secretariat, c/o APHA, 1015 15th Street N.W., Suite 300, Washington, DC 20005, USA, fax: (202) 789-5681. Within Indonesia, please contact: Dr. Ascobat Gani, Indonesian Public Health Association, Gedung Mochtar, 2nd Floor, Jl. Pegangansaan Timur 16, Jakarta Pusat 10320, Indonesia, tel/fax: (62 21)314-5583. Deadline for abstract submission is **15 May 1994**.

Please let ***First Call for Children*** know about your events and meetings by sending notices four months prior to the event to Yvonne Lester, ***First Call for Children***, 3 UN Plaza, New York, NY 10017, USA or fax: (212) 326-7768.

NPAs bring child rights to life

continued from page 5

properly packaged and disseminated, become a powerful tool for mobilizing political and public opinion in favour of NPA objectives. In more than a dozen NPAs, studies to determine the nature and extent of the problems of children in especially difficult circumstances are among the first steps planned.

In Indonesia, the Ministry for People's Welfare, responsible for coordinating the NPA, is developing a composite Child Welfare Indicator aimed at identifying disparities among regions of the country. Thailand's Basic Minimum Needs Surveys are being expanded to be more inclusive of the NPA goals. Morocco plans to move from monitoring individual projects towards a centralized national monitoring system, which — while not superseding existing monitoring systems within ministries — will pull together and synthesize data on progress in the situation of children.

In Tunisia, the monitoring mechanisms to be set up at national, regional and local levels will be supervised by multisectoral commissions involving some prominent independent figures. Sentinel community surveillance is mentioned as a measurement approach in the NPAs of Rwanda and Zimbabwe. Kenya plans to link national monitoring systems with community-based approaches. Tanzania's national monitoring system will draw data from national household surveys as well as administrative sources, while improving methodologies used by the latter.

There are, of course, certain rights in the Convention, such as freedom from all forms of sexual exploitation, protection against abduction and trafficking, freedom from torture and deprivation of liberty, and exemption from military service below the age of 15, which will be more difficult than others to monitor. Since NPAs are official documents, it is likely that the monitoring on these subjects will tend to be weakest in those countries where the problems are greatest *(see article on Sierra Leone, p. 10)*.

Nevertheless, the NPAs show a willingness to tackle some of the most difficult areas of child protection and, to the degree that these areas are included in the NPA, monitoring of them is, in principle, officially sanctioned.

Robert J. Ledogar is Senior Planning Officer, UNICEF New York. This article is excerpted from "Implementing the Convention on the Rights of the Child through National Programmes of Action for Children," which appeared in the International Journal of Child Rights in *November 1993. These excerpts are reprinted by permission of Kluwer Academic Publishers.*

What's good for women is good for the family

Observations from Malta

By Sara Ann Friedman

In Valletta (Malta), from 28 November to 2 December 1993, 1,000 people from 100 countries discussed, debated and shared solutions to the problems facing families in today's changing world. Organized by the Vienna Committee on the Family and the UN Committee on the International Year of the Family (IYF), the World NGO Forum, 'Promoting Families for the Well-Being of the Individual and Societies', officially launched IYF.

Among the many important themes that emerged from the Forum was a strong consciousness of the central role of women in every aspect of family life.

The central role of women in the family is nothing new. It is said that "women hold up half the sky." In their multiple roles as mother, educator, fuel gatherer, health provider, cook, water carrier, house cleaner, intergenerational link, transmitter of values and emotional anchor, they have always carried the major burden of the family.

They also constitute the largest unpaid, unrecognized labour force in the world — their significant contributions to the economy ignored in the GNP of most countries. Now, in addition to their unpaid tasks, women have become the sole financial support for one third of the world's households and, in most of these families, sole parent and caregiver for the elderly.

They are the hardest hit by increasing poverty and harsh structural adjustment programmes, loss of male family members to forced economic migration, AIDS and civil conflict. In many countries, women are not only uneducated, malnourished and overworked, but begin large families while still children themselves.

Women are ensnared in a relentless cycle of poverty, neglect, discrimination and exploitation. In some countries, where women cannot own property, gain custody of their children, or even divorce, the law actively supports gender discrimination. In others, infractions of law like physical abuse and child prostitution are simply ignored.

The overwhelming impression at the Forum was of both women's impact on the family and the complexity of women's paradoxical roles as victims, initiators and beneficiaries of political, cultural and economic change in both developing and industrialized countries.

Born female, the lesser child

Data worldwide confirm that gender bias begins in infancy, even in the womb. In too many countries, the news of a son brings celebration, of a daughter, gloom. Survival rates in three South Asian countries show that more than 1 million children are estimated to die each year because they are born female — from neglect, malnourishment, female infanticide. In Bombay, a survey revealed that out of 8,000 abortions, following the procedure of

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Child rights advance in Central America

Now that the Convention on the Rights of the Child has been ratified by 157 countries, NGOs are focusing their efforts on its implementation.

To develop doable strategies, linking service delivery and social development with legal and political rights, the Conference on the Rights of the Child from Central America, Belize, Panama and Mexico was held in Antigua (Guatemala), from 8 to 12 November 1993. The Conference drew more than 130 NGOs from the region and international NGOs from eight countries.

Sponsored by UNICEF and the NGO Committee on UNICEF, the five-day Conference paid special attention to the most vulnerable groups in the region — street and working children, the disabled, girls, and indigenous and rural families — and the "especially difficult circumstances" they face — poverty, illegal trafficking, substance abuse, gender discrimination and an atmosphere of violence that permeates society, the street and the family.

Pervasive social violence

With the exception of Costa Rica, military and economic oppression are an historic and familiar part of the region's daily existence.

"Violence," said Rudolfo Keffer, from the University of San Carlos in Guatemala, "goes far beyond the political and economic spheres. War has lived in the region for so long that it is woven into the social fabric as the day-to-day way in which we relate to one another. It is in the school and the family. No one is spared or immune."

Less than two weeks before the Conference, a school, a day-care centre and youth training centre (supported by the Guatemala Programme Office of the NGO, Christian Children's Fund) were burned down by the local civil patrol, a paramilitary group supported by the army. The NGO and the community had requested the removal of a military base near the project that was using children to get water and fuel and provide other services.

Two indigenous organizations, CUC (Confederation of Peasant Unity) and Conavigua (National Coordinating Committee of Guatemalan Widows) had planned to attend the Conference but were diverted by the violence in their communities. Designated keynote speaker, Rosalina Tuyuc, of Conavigua, and members of CUC, occupied the offices of OAS (Organization of

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Land-mines: A lethal harvest

By Jody Williams

As world leaders and the international community focus on chemical warfare and nuclear test ban treaties, they pay scant attention to the small, low-tech, inexpensive, seemingly innocent 'anti-personnel' device — the land-mine. The land-mine explodes only on direct contact. Its range approximates 50 meters and its killing or maiming capacity does not exceed a handful of people.

The detonation of a land-mine is not likely to initiate a world war. Cheap and efficient, millions of land-mines have been sown throughout the countrysides of dozens of developing countries plagued by internal conflicts, or superpower-supported 'proxy wars'.

The trouble is that, long after peace is declared, the land-mine remains, and the war against innocent civilians continues. The land-mine is not a smart bomb, does not turn off, wear out or return to the soil. A lethal crop, it lies in wait, underground and unseen, ready to harvest, in fields and villages where it can kill or maim randomly for decades — including the grandchildren of those who laid it.

A nine-year-old boy herding goats in Afghanistan steps on a land-mine. He is not immediately killed, but because he is alone and unable to get help, he bleeds to death. Gathering firewood for the family meal, a mother of four young children triggers a land-mine. Her hand is blown off and not only can she no longer provide for her family, but she has also become a burden.

A 1993 study by the US State Department estimates between 65-110 million uncleared land-mines contaminate over 60 countries: 10 million in Afghanistan; 9 million in Angola; 4.5 million in Cambodia; 5-10 million in Iraq. It is also estimated that 100 million more are stockpiled in country arsenals. Current figures place the number of individuals maimed or killed by land-mines in peacetime as high as 2,500 per month. For every survivor, two die and in some countries 75 per cent of survivors require amputation.

But the devastation of land-mines goes beyond the medical and rehabilitative needs of the victims. Its socio-economic impacts are widespread and long-term, felt at all levels of society. The most seriously affected countries are those with the least resources available to clear them — a land-mine which sells for US$3 costs up to US$1,000 to remove.

In countries where fields and villages, bridges, railroads and dams are sitting on land-mines, economic reconstruction and peace building are severely imperilled. Refugee and internally displaced populations cannot return to their homes along mined routes. Large tracts of agricultural and pasture land become unusable, making it impossible for families to plant their crops, graze their livestock, gather firewood and food. In Cambodia, for example, 23 per cent of the Battambang Province, formerly one of the country's richest provinces, is off limits today.

Mobilizing NGOs

Recently, human rights organizations and others in the international community have begun to focus attention on the far-reaching devastation of land-mines. An international campaign, initiated in November 1991 by two NGOs, led to the first international conference in London in May 1993, which brought together NGOs from varied disciplines — environment, arms control, refugees — all acknowledging the wide scope of this common problem.

Now, planning its second international conference on land-mines, to be held in Geneva in May 1994, the coalition has grown to 80 diverse NGOs worldwide and has seen remarkable progress in this short period. Trade moratoriums have been instituted by Belgium, France, the Netherlands and the US, and the French Government has called for an international review of the 1980 Inhumane Weapons Convention, the single yet ineffective treaty which attempts to delineate the use of land-mines. The goal of the May conference is to build momentum, expand public awareness and develop advocacy strategies for an ultimate international ban.

While progress to date is encouraging, it is only the beginning. There is much more that NGOs can do:

- Engage in dialogue with their governments and Defence Ministries about the long-term impacts of land-mines.
- Mount petition campaigns calling for a ban on land-mines, to be presented at the start of the May conference, where France has called for a review of the 1980 Convention. (In France, more than 45,000 supporting signatures have been collected.)
- Organize shareholder and public campaigns against companies that produce land-mines.
- Disseminate information to their constituencies about the land-mine crisis and its long-term social and economic impact.

For more information, contact: Jody Williams, 1347 Upper Dummerston Rd., Brattleboro, VT 05301, USA. Tel: 802-254-8807; fax: 802-254-8808.

Jody Williams is Coordinator of the Landmines Campaign, VietNam Veterans of America Foundation.

This 12-year-old Cambodian girl was injured by a land-mine in 1990 in Viet Nam. Today, fitted with an artificial leg at a prosthetics clinic in Cambodia, she is able to walk to and from school, a kilometre from her home.

Child rights

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American States), demanding talks with the Guatemalan Government to protest a recent massacre of demonstrators and to demand an end to the on-going violence caused by civil patrols in their communities.

CUC and Conavigua were represented at the Conference by their sister organization, MADRE, the New York-based NGO which works in cooperation with women's and children's organizations in Central America.

Childhood, poverty's first victim

The Conference addressed the gaps between rich and poor, between State policy and practice in regard to social expenditures and commitment, between governmental support of the Convention and its implementation.

"The first victim of poverty is childhood," said Thierry Delrue, UNICEF Guatemala, who urged that poverty be defined, not by income, but by attention to basic needs: health, nutrition, potable water, sanitation, housing and access to primary education. Using social indicators, he demonstrated the differences among countries of the region and the generally low level of political will exercised by Central American governments to meet minimum standards of health and development for children.

"Our countries," he said, "see health and education as expenditures, not as investment."

While girls and women are among the poorest and most marginalized populations, the 6 million indigenous peoples of the region have even less access to basic services and fewer human rights protections, according to Demitri Cojti, an official spokesperson for the International Year of Indigenous Peoples and representing the Nobel Peace Prize winner, Rigoberta Menchu, at the Conference. Often they are not even included in the situation analysis.

"States would be a lot more modern," he said with cynicism, "if these people just didn't exist."

Committee on the Rights of the Child

Marta Santos Paiz, attorney from Portugal and member of the Committee on the Rights of the Child, described the Committee as a human rights, not a political, organization, an instrument of discussion not condemnation, acting through persuasion not confrontation. "We need to look for better consensus between governments and NGOs," she said, praising the NGO coalitions for their work and urging them to increase their follow-up and monitoring efforts.

NGOs agreed. Dialogue with Ms. Paiz and among themselves helped to develop a better understanding of how, through building strong coalitions, they could play a more influential role in the reporting process. They also recognized the need to review and lobby for new child-related legislation in their countries, for family codes, the establishment of new government institutions to protect children, and finding ways to increase children's participation.

Children's participation

It was, however, the subject of children's participation, a complex concept raised by the Convention and the subject of much debate, that dominated the Conference. Leading a panel discussion, Alejandro Cussianovich, international advisor on the Convention, pushed even further the boundaries of the debate with his argument for a new paradigm: the child as 'protagonist', or social actor and leading player in her or his own life, family and community.

UNICEF/Bergstad

Indigenous peoples are often denied basic services and human rights protections. Children and women are particularly vulnerable.

Protectionism, he said, referring to children age 12 and older, still dominates the best-intended social thinking — including the Convention. Protectionism is too often synonymous with social control and often incompatible with the exercise of real rights.

In practice, for example, Mr. Cussianovich observed, working children are already economic producers long before age 18; they may already be lost to drugs and violence, and they receive little protection from anyone — the State, employers or their family.

If families, NGOs and other adults want to protect children, they should focus on protecting their *rights*, by pressuring governments, for example, to pass and implement laws that will prevent and eliminate exploitative practices. He said that promoting and providing space for child protagonism will lead to *self*-protection and *self*-respect.

Presentations by young people from Costa Rica, Guatemala and Nicaragua, about the activities of working children to organize themselves in their countries, prompted searching discussions and responses as well as strategy commitments from each country delegation. They included the initiation of ongoing public debate on child participation, the gathering and dissemination of case studies on children who successfully organized themselves, the revision of NGO by-laws and rules to include children's participation.

Participatory process

Participation became an important part of the planning process of the Conference as well. Open dialogue and debate, among NGOs within countries and the region, broke down some of the historic isolation and suspicion emanating from a long history of armed conflict and political extremism. National consultations in the region, attended by some 500 NGOs, were followed by a regional conference in Tegucigalpa which defined national priorities, elected delegates and set the Guatemala conference agenda.

Genuine steps were made towards coalition building, and a new role was initiated for the international NGOs and the NGO Committee on UNICEF as partners and participants, rather than as primary organizers.

"We were particularly sensitive to making sure that the substance and the agenda came from the region and were not imposed by an international body in New York," said Carol Smolenski, New York representative of the Christian Children's Fund and Co-Chair of the International Planning Committee for the Guatemala conference. "The process taught us a lot about how to organize a conference for the future."

Delegates committed themselves to create and strengthen relationships between NGOs within the region and within each country. Describing a new spirit of *'concertación'*, or coming together, El Salvador delegate Ricardo Quinones observed, "For us this was the first time we had an opportunity to come together from all different idealogies and perspectives, to discover that dialogue is possible. Before the Conference, we didn't speak to one another. Now there is peace in my country and we can all work together."

In a spirit of self-criticism, delegates agreed that working for children and working together meant looking first at themselves and their own organizations. This meant paying more attention to the specific needs of girls, and of indigenous and rural populations both inside their organizations and in the communities with which they work. Successful collaboration among NGOs means overcoming closed and protective postures of 'fear', 'jealousy' and 'arrogance', and developing strategies that include clear objectives, better coordination and communication, and that avoid duplication of work.

Renewed UNICEF commitment

The spirit of the Conference prompted a renewed commitment from UNICEF to the NGOs in the region. Per Engebak, UNICEF Representative in Guatemala, praised the process and committed UNICEF to increased support for national coalitions of NGOs working to implement the Convention on the Rights of the Child. He also said UNICEF would encourage the International Labor Organization (ILO) and the United Nations Development Programme (UNDP) to work with the coalitions, and he urged the UNICEF regional office in Bogotá to work for improved UNICEF/NGO cooperation on the Convention throughout Latin America.

"The closing of this Conference is not an end," he promised. The strategies and commitments made will be implemented and they will also be brought to those NGOs who were not present. "We will achieve full representation and participation of all those who defend the rights of children in Central America."

Religious community in partnership for children

By Rebeca Rios-Kohn

Always in pursuit of new partners to help meet the goals of the World Summit for Children, UNICEF has forged ties with religious groups and spiritual leaders for their unique and important role as advocates for children.

The driving inspiration for their involvement was the challenge posed at the World's Religious for the World's Children Conference, held in Princeton in July 1990, when UNICEF Executive Director James P. Grant asked the 150 religious leaders present what they could do to help the world feel moral outrage at the high numbers of children dying every day.

Throughout the world, priests and nuns, imams and Buddhist monks provide many services to children, particularly at the grass-roots level. Now, their efforts are being focused, with UNICEF support, more directly on achieving the goals of the World Summit.

One active leader in the fight for children among the religious community is Myochikai, a Japan-based Buddhist organization with the mission of contributing to world peace through religious teachings and humanitarian assistance. The Rev. Takeyasu Miyamoto, Myochikai leader, in his sermons often reminds the nearly 1 million community members that "a helping hand to children in the developing world is also good practice for the realization of world peace."

In recognition of the nearly 13 million children who die yearly, largely from preventable causes, Rev. Miyamoto declared 12 October the 'Day to Pray for Children of the World'. He also established a Gratitude Foundation in Japan to raise funds for projects to improve the lives of children in poor countries.

Proceeds raised by the Gratitude Foundation are currently supporting UNICEF water and sanitation projects in Bangladesh and Nepal. "It is gratifying to find that low-cost technologies can produce better hygiene and health for women and children," said Myochikai director, Keishi Miyamoto.

The Foundation plans to help foster a new ethic that places the needs of children high on the agenda of political leaders and policy makers.

Rebeca Rios-Kohn is Public Affairs Officer, UNICEF New York.

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What is good for women is good for families

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amniocentesis, 7,999 of the foetuses were female.

Already the 'lesser child' if she survives, a girl grows into womanhood severely disadvantaged. She may not only suffer from gross abuse of her rights through trafficking, prostitution and female excision, but is short-changed in all aspects of development. In many countries, a girl eats after her brothers, receives less nurturing, works in the house while her brothers play, and if she attends school, drops out in far greater numbers than boys for many causes, especially poverty and pregnancy. She is weaned earlier, brought to the hospital later and in worse condition than her brothers. A study of the value and cost of children among 600 rural parents in Nigeria revealed that the majority of adults believed boys to be more productive than girls and felt they should receive preferential treatment.

Gender stereotyping harms boys as well as girls, depriving them of true self-worth and limiting their expectations and capacity for full human development. In the South Pacific islands, young boys are given no responsibility and their sisters do all the work. As adolescents, boys frequently succumb to drugs, alcohol and suicide. A new NGO preventive programme in the area brings families together weekly and encourages boys to first help their fathers, then to work at home, relieving girls of some burdens.

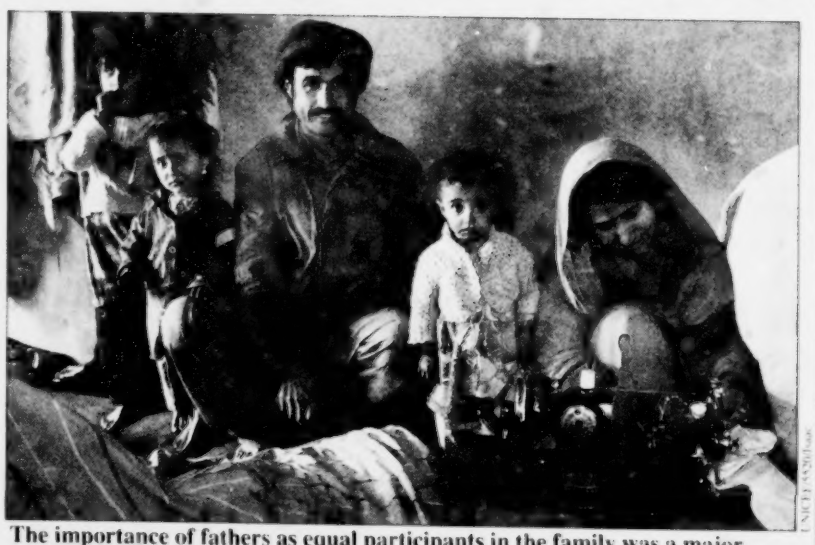
For men as well, esteem based solely on power, money and authority is limiting and destructive to them and to families. Broadening their roles to include partnership in marriage and greater involvement in fathering gives them new standards to judge their 'success' and self-worth. Substantial evidence shows that paternal involvement reduces violence in men, improves achievement of girls and increases the likelihood of intact families.

When women have power over their sexual and reproductive lives, they have fewer children, suffer fewer pregnancy-related problems, and can better protect themselves and their children from AIDS. Their family and society benefit as birth rates decline and family income and GNP increases. Educating their daughters can break the vicious cycle of sexual and economic exploitation, early marriage, large families and continuing poverty.

When women control their finances, their children are better fed and educated. One study from a Mexican shanty town showed that women-headed households had healthier families than those headed by men, with a relatively higher income.

Power of tradition

Clearly, neither lack of money nor evidence that gender equality benefits society can be held responsible for the slow pace of change. Global women's movements and a new feminist consciousness, increased literacy and professional opportunities, have raised the self-respect and increased the options and decision-making power among women in and out of the family. But these changes are also the source of painful social conflict, ambivalence and strong resistance, even backlash, by governments, social institutions and individuals — by women as well as men.



The importance of fathers as equal participants in the family was a major theme of the NGO Forum launching 1994 as the International Year of the Family, held in Valletta (Malta), November 1993.

There is no more powerful tug of war than that between cultural change and tradition. Male authority is a deeply rooted tradition with a long history. Today it persists, embedded in fear and ignorance, perpetuating old myths of the correctness of gender role stereotypes and affecting every aspect of society — none more deeply than the family.

Culture must be respected, but it cannot justify continued domination and oppression of one group over another. If families are to thrive, or merely survive, they must receive full political and social support. That support must begin with the simple and difficult task of ensuring gender equality from birth, and include equal opportunity for men and women outside the family and equal partnership within.

And in the process, men may come to realize that what benefits women also benefits them, that with loss comes gain, and that holding up their half of the sky will make them more, not less, powerful.

Sara Ann Friedman, Editor of **NGO Action for Children,** *was rapporteur for the NGO Forum, 'Promoting Families for the Well-Being of the Individual and Societies'.*

CONFERENCES

With three major United Nations Conferences coming up *(see box for dates)*, NGOs have been working hard to place children's issues on the agendas and the Platforms of Action. To this end, several major developments have occurred.

New NGO working group on the girl child created

The NGO Committee on UNICEF has formed a new Working Group on the Girl Child to help advance the understanding that women's progress must be viewed in terms of their entire life cycle, since gender discrimination begins at birth and has an adverse impact from infancy through girlhood to womanhood. Equality for the girl child in all aspects of her development provides a sound investment for the future and requires the support of both men and women.

The short-term goal of the Working Group is to ensure that the action plans adopted by all of the upcoming UN conferences reflect the specific concerns of girls regarding health, nutrition, education and human rights. The Working Group also expects to extend and maintain its advocacy role for girls beyond the conferences, becoming an important focal point for the collection and dissemination of data on discrimination against girls and for workable solutions.

For further information contact: Working Group on the Girl Child, 3 UN Plaza, H-6F, New York, NY 10017, USA. Tel: 212/326-7482; fax: 212/327-7260.

Cairo conference: Population linked to women and children

The important links between children's well-being and population and development will be explored at the September 1994 International Conference on Population and Development (ICPD) in Cairo. The recently released ICPD Programme of Action, the guiding document for the Conference, includes chapters on the girl child, reproductive health — with special attention on adolescents — primary health care and the linkages between child mortality and fertility trends, AIDS and populations in especially difficult circumstances.

NGOs working to improve children's health and educational opportunities are urged to participate in NGO Forum '94, the parallel NGO event to be held at the National Stadium in Cairo, 3-13 September. The Forum will include regional caucuses, panel discussions and keynote speakers on topics central to population and development. For more information and registration forms, contact: Mary Beth Powers, NGO Planning Committee for the ICPD, 777 UN Plaza, 8th floor, New York, NY 10017, USA. Tel: 212/545-7344; fax: 212/545-7581.

World Summit on Social Development

During the Preparatory Committee Meetings held in February this year for the Summit, child-related NGOs were active in two areas.

In the report of the Women's Caucus, NGOs obtained the inclusion of a paragraph on the girl child in the section on Poverty; of which the following is an excerpt:

"The multiple barriers of being born poor and female...manifest themselves all too early in the life of girl children.... At each stage of her life cycle, the damage experienced in an earlier stage is progressively augmented. Even more serious are the intergenerational effects of discrimination which shackle the girl child. Weaknesses induced by malnutrition can undermine the health of a woman's children and grandchildren, even if they receive adequate food and medical care. Her lack of education not only bars her from skills training leading to a well-waged job but may condemn all her children, especially girls, to a continuing cycle of poverty."

NGOs also formed a Rights of the Child Caucus which prepared and presented its own oral intervention, stressing its intention to ensure that children's rights are addressed at the Social Summit and that children are participants there.

For the second Preparatory Committee Meeting, from 22 August to 2 September 1994, the Caucus will continue meeting to draft a statement that relates children's concerns to the three core issues of the Summit: **social integration** — including such issues as primary education for all, full participation of the girl child in society, participation of children and integration of children with special needs; **alleviation of poverty**; and **employment** — including questions such as productive employment for parents of working children, enforcement of laws regulating child labour and establishing penalties for sexual exploitation.

For further information, contact: Haroon Khan, H-6F, 3 UN Plaza, New York, NY 10017, USA. Tel: 212/326-7304; fax: 212/326-7260.

Fourth World Conference on Women

The two new NGO Working Groups on the Girl Child, based in Geneva and New York, met on 4 March at a 'break-out session' of the Preparatory Committee Meeting for the Fourth World Conference on Women to discuss joint strategies for incorporating the girl child into the conference's Platform of Action. Their work will be reported in the next issue of ***NGO Action for Children.***

Dates to note:

Upcoming UN conferences

- International Conference on Population and Development, Cairo, 5-13 September 1994
- World Summit for Social Development, Copenhagen, 6-12 March 1995
- Fourth World Conference on Women, Beijing, 4-15 September 1995

RESOURCES

UNICEF publications
Available from
UNICEF
3 UN Plaza, RPPL DH-49B
New York, NY 10017, USA.

Available in English unless otherwise noted.

Girls and Women: A UNICEF development priority. This booklet traces UNICEF's initiatives to help girls and women reach equality within development. 1994. 32 p. US$3.95.

The following publications are available from your nearest UNICEF office or National Committee, or from UNICEF, 3 UN Plaza H-9F, New York, NY 10017, USA:

Accelerating Human Development in the 1990s. Reprint of address by Dr. Richard Jolly, UNICEF Deputy Executive Director (Programmes), at the International Symposium in Commemoration of International Cooperation Day, Tokyo, 4 October 1993. Brochure.

The Child is the Future of Society: UNICEF participation in the Eighth International Vatican Conference. Reprint of addresses by His Holiness Pope John Paul II and UNICEF participants at the Eighth International Vatican Conference, Vatican City, 18-20 November 1993. Brochure.

Children's Rights: The Cutting Edge of Human Rights. Reprint of address and statement by James P. Grant, Executive Director of UNICEF, to the World Conference on Human Rights. Delivered by Stephen Lewis, Special Representative of the Executive Director, Vienna, 21 June 1993. Brochure.

Intensive Programmes to Accelerate Reduction of Child Mortality. Reprint of address by Dr. Richard Jolly, Deputy Executive Director (Programmes), UNICEF, at the Ministers of Health Meeting, Mexico City, 18 October 1993. Brochure.

Medical Education: Finishing the Unfinished Business of the 20th Century. Reprint of address by James P. Grant, Executive Director of UNICEF, to the World Conference on Medical Education. Delivered by Dr. Nyi Nyi, Special Advisor to the Executive Director, Edinburgh, 9 August 1993. Brochure.

Strengthening Families for the World of Tomorrow. Reprint of address by Dr. Richard Jolly, Deputy Executive Director (Programmes), UNICEF, to the World NGO Forum launching the International Year of the Family, Malta, 1 December 1993. Brochure.

Toward Health for All: The 'Children First' Strategy. Reprint of address by Dr. Guido Bertolaso, Deputy Executive Director (External Relations), UNICEF, at the International Jubilee Meeting on Primary Health Care, Almaty, Kazakhstan, 13 December 1993. Brochure.

The Bamako Initiative Kit explains this community-based self-supporting primary health care system now taking root in Africa and elsewhere, with country case studies included. Also available in Finnish, French and Spanish.

How to Achieve the Global Goals for Water Supply and Sanitation. Waterborne diseases contribute to the death of 4 million children every year. This brochure outlines UNICEF's assistance to community-based programmes for safe drinking water and environmental sanitation. Also available in French and Spanish.

ORS: A Solution for Survival. A brochure to commemorate the 25th anniversary of the discovery of oral rehydration salts to combat deadly diarrhoeal dehydration. Brochure. Also available in French and Spanish.

EDev News, Vol. 4, No. 3, November 1993 issue features Education for Peace. Also available in French.

The following publications are available from the International Child Development Centre, Spedale degli Innocenti, Piazza SS. Annunziata 12, 50122 Florence, Italy.

The Decline of Infant Mortality in Europe: 1800-1950. Four National Case Studies, edited by Carlo A. Corsini and Pier Paolo Viazzo. The countries studied are Austria, France, Sweden and the UK. 1993. 86 p. US$9.

Central and Eastern Europe in Transition: Public Policy and Social Conditions. This is the first report in a major new series of regional monitoring reports. November 1993. 100 p. US$9.

Street and Working Children. Summary report of the Innocenti Global Seminar held in Florence, 15-25 February 1993, by Maggie Black. 56 p. US$9.

International Child Development Centre Publications Catalogue. Free.

Innocenti Occasional Papers:

Social Policy and Child Poverty: Hungary since 1945, by Julia Szalai. October 1992. Economic Policy Series No. 32. US$8.

Education and the United Nations Convention on the Rights of the Child: The Challenge of Implementation, by Frank Dall. November 1993. Child Rights Series No. 4. US$8.

Nutrition and the United Nations Convention on the Rights of the Child, by Urban Jonsson. November 1993. Child Rights Series No. 5. US$8.

Other Publications:

I dream of peace. A book of drawings and writings expressing the fears and hopes of the children of former Yugoslavia is being published in more than a dozen countries in: Danish (by Sesam); Dutch (Spectrum, the Netherlands, and Standaard, Belgium); English (HarperCollins); French (Editions du Chene); German (Bertelsmann); Japanese (Hoifp Shuppan); Norwegian (Gyldenal); Spanish (Atlantida, Argentina, and Folio, Spain); and Swedish (Raben & Sjogren). Contact your local UNICEF office/National Committee for details and prices. 80 p. *(See page 9.)*

Rescue Mission: Planet Earth, A Children's Edition of Agenda 21. Written and illustrated by children from 100 countries on follow-up to environmental issues raised at the Earth Summit, with an invitation to "Action Pack" for local activities. Published by Kingfisher Books, UK/USA. Also to be available in a number of languages. 1994. 96 p. English version: Hardback US$14.95/£9.99; paperback US$9.95/£6.99.

UNICEF Videos
Audiovisual materials are available from UNICEF offices and National Committees. (Check with your local office for catalogues.)

Keeping the Promise to Children. 20 minutes. Video on the third anniversary meeting of the World Summit for Children, held in New York on 30 September 1993. Also in French and Spanish.

Angolan Children in War. 10 minutes. Video on the situation facing children and their families in the Angolan civil war.

I Dream of Peace. Two videos. Each 6 minutes. One on the psychosocial programmes for children in former Yugoslavia, and the other on the children's drawings and writings in the book of the same title.

Children in Russia. 49 minutes. Produced with Sir Peter Ustinov, the video recounts his visit to children and families in the Russian Federation.

Child Protection in Romania. 13 minutes. Video on what Romania has achieved for children since Ceaucescu.

First Call for Children

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